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Exhibit A1
ESSB 5940 Data Requirements

ESSB 5940 Section 4	*Language from Legislation*
Subsection (2)	School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year:
2.a	Progress by the district and its benefit providers toward greater affordability for full family coverage, healthcare cost savings, and significantly reduced administrative costs;
2.b	Compliance with the requirement to provide a high-deductible health plan option with a health savings account;
2.c	An overall plan summary including the following:
2.c.i	The financial plan structure and overall performance of each health plan including:
2.c.i.A	Total premium expenses;
2.c.i.B	Total claim expenses;
2.c.i.C	Claims reserves; and
2.c.i.D	Plan administration expenses, including compensation paid to brokers.
2.c.ii	A description of the plan's use of innovative health plan features designed to reduce health benefit premium growth and reduce utilization of unnecessary health services, and plan features designed to create incentives for improved personal health behaviors;
2.c.iii	Data to provide an understanding of the employee health benefit plan coverage and costs;
2.c.iv	Data necessary for school districts to more effectively and competitively manage and procure health insurance plans for employees. The data must include, but not be limited to, the following:
2.c.iv	Describe efforts and achievements to help districts to manage their health benefits programs;
2.c.iv.A	A summary of benefit packages offered to each group of district employees, including covered benefits, employee deductibles, coinsurance, co-payments, and the number of employees and their dependents in each benefit package;
2.c.iv.B	Aggregated employee and dependent demographic information, including age band and gender, by insurance tier, and by benefit package;
2.c.iv.C	Total claim payments by benefits package, including premiums paid, inpatient facility claims paid, physician claims paid, pharmacy claims paid, capitation amounts paid, and other claims paid;
2.c.iv.D	Total premiums paid by benefits package; and
2.c.iv.E	A list of large claims, defined as annual amounts paid in excess of one hundred thousand dollars, including the amount paid, the member enrollment status, and the primary diagnosis.
Subsection (3)	Annually, school districts and their benefit providers shall jointly report to the OIC on their health insurance related efforts and achievements to:
3.a	Significantly reduce administrative costs for school districts;
3.b	Improve customer service;
3.c	Reduce differential plan premium rates between employee-only and family health benefit coverage; and
3.d	Protect access to coverage for part-time K-12 employees.

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
Aberdeen School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Adna School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Almira School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Anacortes School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 467	HMO	Y	n/a
Arlington School District	**Plan 278**	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 423	HMO	Y	n/a
Asotin-Anatone School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Auburn School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 424	HMO	Y	n/a
Bainbridge Island School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 324	PPO	Y	n/a
	Plan 325	PPO	Y	n/a
	Plan 326	PPO	Y	n/a
	Plan 327	PPO	Y	n/a
	Plan 451	HMO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 498	HMO	Y	n/a
	Plan 507	HMO	Y	n/a
Battle Ground School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 300	HMO	Y	n/a
Bellevue School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 667	HMO	Y	n/a
Bellingham School District	**Plan 349**	PPO	Y	n/a
	Plan 357	TRAD	Y	n/a
	Plan 358	PPO	Y	n/a
	Plan 359	PPO	Y	n/a
	Plan 360	PPO	Y	n/a
	Plan 361	PPO	Y	n/a
	Plan 374	TRAD	Y	n/a
	Plan 470	HMO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 486	HMO	Y	n/a
	Plan 503	HMO	Y	n/a
	Plan 504	HMO	Y	n/a
Benge School District	**Plan 279**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Bethel School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 459	HMO	Y	n/a
Bickleton School District	**Plan 351**	PPO	Y	n/a
Blaine School District	**Plan 357**	TRAD	Y	n/a
	Plan 358	PPO	Y	n/a
	Plan 359	PPO	Y	n/a
	Plan 360	PPO	Y	n/a
	Plan 361	PPO	Y	n/a
	Plan 374	TRAD	Y	n/a
	Plan 482	HMO	Y	n/a
	Plan 487	HMO	Y	n/a
Boistfort School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Bremerton School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 336	PPO	Y	n/a
	Plan 338	PPO	Y	n/a
	Plan 340	PPO	Y	n/a
	Plan 342	PPO	Y	n/a
	Plan 455	HMO	Y	n/a
Brewster School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Bridgeport School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 289	PPO	Y	n/a
Brinnon School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Burlington-Edison School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 363	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 473	HMO	Y	n/a
	Plan 499	HMO	Y	n/a
Camas School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 303	HMO	Y	n/a
Cape Flattery School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Carbonado School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Cascade School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Cashmere School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Castle Rock School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 275	HMO	Y	n/a
Centerville School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 711	PPO	Y	n/a
Central Kitsap School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 422	HMO	Y	n/a
Central Valley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 315	PPO	Y	n/a
	Plan 319	PPO	Y	n/a
	Plan 320	PPO	Y	n/a
	Plan 397	TRAD	Y	n/a
	Plan 398	TRAD	Y	n/a
	Plan 399	TRAD	Y	n/a
	Plan 400	PPO	Y	n/a
	Plan 401	PPO	Y	n/a
	Plan 520	HMO	Y	n/a
	Plan 559	HMO	Y	n/a
	Plan 560	HMO	Y	n/a
	Plan 630	HMO	Y	n/a
Centralia School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 426	HMO	Y	n/a
Chehalis School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 425	HMO	Y	n/a
Cheney School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 524	HMO	Y	n/a
	Plan 525	HMO	Y	n/a
	Plan 570	HMO	Y	n/a
	Plan 651	HMO	Y	n/a
	Plan 652	HMO	Y	n/a
	Plan 687	PPO	Y	n/a
	Plan 688	PPO	Y	n/a
	Plan 689	PPO	Y	n/a
Chewelah School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Chimacum School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 328	PPO	Y	n/a
Clarkston School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Cle Elum-Roslyn School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 598	HMO	Y	n/a
Clover Park School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 497	HMO	Y	n/a
Colfax School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 528	HMO	Y	n/a
	Plan 612	HMO	Y	n/a
	Plan 629	HMO	Y	n/a
College Place School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 289	PPO	Y	n/a
	Plan 596	HMO	Y	n/a
Colton School District	**Plan 279**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Columbia (Stevens) School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 628	HMO	Y	n/a
Columbia (Walla Walla) School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 579	HMO	Y	n/a
Colville School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Concrete School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 289	PPO	Y	n/a
	Plan 363	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
Conway School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Cosmopolis School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Coulee-Hartline School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Coupeville School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 363	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 370	PPO	Y	n/a
	Plan 495	HMO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
Crescent School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Creston School District	**Plan 278**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Curlew School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Cusick School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 704	HMO	Y	n/a
Damman School District	**Plan 278**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Darrington School District	**Plan 349**	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Davenport School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Dayton School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 554	HMO	Y	n/a
	Plan 621	HMO	Y	n/a
	Plan 622	HMO	Y	n/a
Deer Park School District	**Plan 318**	PPO	Y	n/a
	Plan 321	PPO	Y	n/a
	Plan 322	PPO	Y	n/a
	Plan 529	HMO	Y	n/a

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Health Plan Options by District
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District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 568	HMO	Y	n/a
	Plan 615	HMO	Y	n/a
	Plan 633	HMO	Y	n/a
Dieringer School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 348	PPO	Y	n/a
	Plan 418	HMO	Y	n/a
Dixie School District	**Plan 522**	HMO	Y	n/a
	Plan 523	HMO	Y	n/a
	Plan 610	HMO	Y	n/a
	Plan 653	HMO	Y	n/a
East Valley School District (Spokane)	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 315	PPO	Y	n/a
	Plan 319	PPO	Y	n/a
	Plan 562	HMO	Y	n/a
East Valley School District (Yakima)	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a

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District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 289	PPO	Y	n/a
	Plan 589	HMO	Y	n/a
Eastmont School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Easton School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Eatonville School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 427	HMO	Y	n/a
Edmonds School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 428	HMO	Y	n/a
Ellensburg School District	**Plan 278**	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 631	HMO	Y	n/a
Elma School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 431	HMO	Y	n/a
Endicott School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 286	HMO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 623	HMO	Y	n/a
Entiat School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
Enumclaw School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 414	PPO	Y	n/a
	Plan 415	PPO	Y	n/a
	Plan 416	PPO	Y	n/a
	Plan 417	PPO	Y	n/a
	Plan 430	HMO	Y	n/a
Ephrata School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
Evaline School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Everett School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 348	PPO	Y	n/a
	Plan 429	HMO	Y	n/a
	Plan 660	HMO	Y	n/a
Evergreen School District (Clark)	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a

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Health Plan Options by District
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District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 273	HMO	Y	n/a
	Plan 274	HMO	Y	n/a
	Plan 276	HMO	Y	n/a
	Plan 277	HMO	Y	n/a
	Plan 281	Closed Network	Y	n/a
	Plan 282	Closed Network	Y	n/a
	Plan 283	Closed Network	Y	n/a
	Plan 285	Closed Network	Y	n/a
	Plan 301	HMO	Y	n/a
	Plan 310	HMO	Y	n/a
Evergreen School District (Stevens)	**Plan 279**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Federal Way School District	**Plan 279**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 445	HMO	Y	n/a
Ferndale School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 357	TRAD	Y	n/a
	Plan 358	PPO	Y	n/a
	Plan 359	PPO	Y	n/a
	Plan 360	PPO	Y	n/a
	Plan 361	PPO	Y	n/a
	Plan 374	TRAD	Y	n/a

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Health Plan Options by District
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District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 471	HMO	Y	n/a
	Plan 488	HMO	Y	n/a
	Plan 509	HMO	Y	n/a
Fife School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 481	HMO	Y	n/a
	Plan 620	HMO	Y	n/a
Finley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 582	HMO	Y	n/a
Franklin Pierce School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 460	HMO	Y	n/a
Freeman School District	**Plan 315**	PPO	Y	n/a
	Plan 319	PPO	Y	n/a
	Plan 320	PPO	Y	n/a
	Plan 352	PPO	Y	n/a
	Plan 354	PPO	Y	n/a
	Plan 356	TRAD	Y	n/a

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Health Plan Options by District
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District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 530	HMO	Y	n/a
	Plan 531	HMO	Y	n/a
	Plan 563	HMO	Y	n/a
	Plan 602	HMO	Y	n/a
	Plan 616	HMO	Y	n/a
Garfield School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Glenwood School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a
Goldendale School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a
Grand Coulee Dam School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Grandview School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a

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District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 586	HMO	Y	n/a
	Plan 654	HMO	Y	n/a
Granger School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 537	HMO	Y	n/a
	Plan 538	HMO	Y	n/a
	Plan 577	HMO	Y	n/a
	Plan 634	HMO	Y	n/a
	Plan 648	HMO	Y	n/a
	Plan 677	PPO	Y	n/a
Granite Falls School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Grapeview School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Great Northern School District	**Plan 349**	PPO	Y	n/a
Green Mountain School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a

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District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Griffin School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 450	HMO	Y	n/a
Harrington School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Highland School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a

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All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 289	PPO	Y	n/a
	Plan 587	HMO	Y	n/a
Highline School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 362	PPO	Y	n/a
	Plan 369	PPO	Y	n/a
	Plan 448	HMO	Y	n/a
Hockinson School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 292	HMO	Y	n/a
Hood Canal School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Hoquiam School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

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District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Inchelium School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Index School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Issaquah School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 432	HMO	Y	n/a
Kahlotus School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Kalama School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 304	HMO	Y	n/a
Keller School District	**Plan 279**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Kelso School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 294	HMO	Y	n/a
Kennewick School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 581	HMO	Y	n/a
Kent School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 378	PPO	Y	n/a
	Plan 380	TRAD	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 381	PPO	Y	n/a
	Plan 402	PPO	Y	n/a
	Plan 403	PPO	Y	n/a
	Plan 404	PPO	Y	n/a
	Plan 433	HMO	Y	n/a
	Plan 553	HMO	Y	n/a
Kettle Falls School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Kiona-Benton City School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 580	HMO	Y	n/a
Kittitas School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Klickitat School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a
La Center School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 293	HMO	Y	n/a
La Conner School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
LaCrosse School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 618	HMO	Y	n/a
Lake Chelan School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Lake Quinault School District	**Plan 278**	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 349	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Lake Stevens School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 363	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 370	PPO	Y	n/a
	Plan 362	PPO	Y	n/a
	Plan 436	HMO	Y	n/a
Lake Washington School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 348	PPO	Y	n/a
	Plan 434	HMO	Y	n/a
Lakewood School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 363	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 435	HMO	Y	n/a
Lamont School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Liberty School District	**Plan 315**	PPO	Y	n/a
	Plan 319	PPO	Y	n/a
	Plan 320	PPO	Y	n/a
	Plan 569	HMO	Y	n/a
	Plan 600	HMO	Y	n/a
	Plan 685	PPO	Y	n/a
	Plan 686	PPO	Y	n/a
Lind School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Longview School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 306	HMO	Y	n/a
Loon Lake School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 280	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Lopez School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 478	HMO	Y	n/a
Lyle School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a
Lynden School District	**Plan 357**	TRAD	Y	n/a
	Plan 358	PPO	Y	n/a
	Plan 359	PPO	Y	n/a
	Plan 360	PPO	Y	n/a
	Plan 361	PPO	Y	n/a
	Plan 374	TRAD	Y	n/a
	Plan 469	HMO	Y	n/a
	Plan 489	HMO	Y	n/a
Mabton School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Mansfield School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Manson School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Mary M Knight School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Mary Walker School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Marysville School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 657	HMO	Y	n/a
	Plan 664	HMO	Y	n/a
McCleary School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Mead School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 561	HMO	Y	n/a
Medical Lake School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 315	PPO	Y	n/a
	Plan 319	PPO	Y	n/a
	Plan 320	PPO	Y	n/a
	Plan 521	HMO	Y	n/a
	Plan 526	HMO	Y	n/a
	Plan 527	HMO	Y	n/a
	Plan 571	HMO	Y	n/a
	Plan 599	HMO	Y	n/a
	Plan 619	HMO	Y	n/a
Mercer Island School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 437	HMO	Y	n/a
Meridian School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 357	TRAD	Y	n/a
	Plan 358	PPO	Y	n/a
	Plan 359	PPO	Y	n/a
	Plan 360	PPO	Y	n/a
	Plan 361	PPO	Y	n/a
	Plan 374	TRAD	Y	n/a
	Plan 475	HMO	Y	n/a
	Plan 490	HMO	Y	n/a
Methow Valley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Mill A School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
Monroe School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 438	HMO	Y	n/a
Montesano School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Morton School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Moses Lake School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Mossyrock School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Mount Adams School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 539	HMO	Y	n/a
	Plan 540	HMO	Y	n/a
	Plan 578	HMO	Y	n/a
	Plan 597	HMO	Y	n/a
	Plan 635	HMO	Y	n/a
	Plan 636	HMO	Y	n/a
	Plan 678	PPO	Y	n/a
Mount Baker School District	**Plan 350**	PPO	Y	n/a
	Plan 357	TRAD	Y	n/a
	Plan 358	PPO	Y	n/a
	Plan 359	PPO	Y	n/a
	Plan 360	PPO	Y	n/a
	Plan 361	PPO	Y	n/a
	Plan 374	TRAD	Y	n/a
	Plan 466	HMO	Y	n/a
	Plan 491	HMO	Y	n/a
Mount Pleasant School District	**Plan 350**	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Mount Vernon School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 472	HMO	Y	n/a
	Plan 493	HMO	Y	n/a
	Plan 512	HMO	Y	n/a
Mukilteo School District	**Plan 349**	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 391	PPO	Y	n/a
	Plan 392	PPO	Y	n/a
	Plan 393	PPO	Y	n/a
	Plan 659	HMO	Y	n/a
	Plan 661	HMO	Y	n/a
	Plan 662	HMO	Y	n/a
	Plan 665	HMO	Y	n/a
Naches Valley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 541	HMO	Y	n/a
	Plan 542	HMO	Y	n/a
	Plan 567	HMO	Y	n/a
	Plan 590	HMO	Y	n/a
	Plan 637	HMO	Y	n/a
	Plan 638	HMO	Y	n/a
	Plan 679	PPO	Y	n/a
Napavine School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 468	HMO	Y	n/a
Naselle-Grays River Valley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Nespelem School District	**Plan 278**	PPO	Y	n/a

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Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Newport School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 354	PPO	Y	n/a
	Plan 353	PPO	Y	n/a
	Plan 576	HMO	Y	n/a
	Plan 712	PPO	Y	n/a
Nine Mile Falls School District	**Plan 354**	PPO	Y	n/a
	Plan 356	TRAD	Y	n/a
	Plan 712	PPO	Y	n/a
	Plan 532	HMO	Y	n/a
	Plan 533	HMO	Y	n/a
	Plan 572	HMO	Y	n/a
	Plan 573	HMO	Y	n/a
	Plan 604	HMO	Y	n/a
	Plan 605	HMO	Y	n/a
	Plan 613	HMO	Y	n/a
	Plan 614	HMO	Y	n/a
Nooksack Valley School District	**Plan 357**	TRAD	Y	n/a
	Plan 358	PPO	Y	n/a
	Plan 359	PPO	Y	n/a
	Plan 360	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 361	PPO	Y	n/a
	Plan 374	TRAD	Y	n/a
	Plan 474	HMO	Y	n/a
	Plan 492	HMO	Y	n/a
North Beach School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
North Franklin School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 606	HMO	Y	n/a
North Kitsap School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 440	HMO	Y	n/a
North Mason School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 289	PPO	Y	n/a
	Plan 337	PPO	Y	n/a
	Plan 339	PPO	Y	n/a
	Plan 341	PPO	Y	n/a
	Plan 343	PPO	Y	n/a
	Plan 464	HMO	Y	n/a
North River School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
North Thurston Public Schools	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 332	PPO	Y	n/a
	Plan 334	PPO	Y	n/a
	Plan 335	PPO	Y	n/a
	Plan 420	HMO	Y	n/a
	Plan 500	HMO	Y	n/a
Northport School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Northshore School District	**Plan 439**	HMO	Y	n/a
	Plan 714	PPO	Y	n/a
	Plan 715	PPO	Y	n/a
	Plan 716	PPO	Y	n/a
	Plan 717	PPO	Y	n/a
Oak Harbor School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 484	HMO	Y	n/a
Oakesdale School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
Oakville School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 289	PPO	Y	n/a
Ocean Beach School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Ocosta School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Odessa School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Okanogan School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Olympia School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 419	HMO	Y	n/a
	Plan 519	HMO	Y	n/a
Omak School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 511	HMO	Y	n/a
Onalaska School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 505	HMO	Y	n/a
Onion Creek School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Orcas Island School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 363	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 370	PPO	Y	n/a
	Plan 479	HMO	Y	n/a
Orchard Prairie School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Orient School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Orondo School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Oroville School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Orting School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 458	HMO	Y	n/a
Othello School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Palisades School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Palouse School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 607	HMO	Y	n/a
Pasco School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 583	HMO	Y	n/a
Pateros School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Paterson School District	**Plan 279**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Pe Ell School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 289	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
Peninsula School District	**Plan 349**	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 363	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 461	HMO	Y	n/a
	Plan 508	HMO	Y	n/a
Pioneer School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 453	HMO	Y	n/a
Pomeroy School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Port Angeles School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Port Townsend School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Prescott School District	**Plan 279**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 564	HMO	Y	n/a
	Plan 656	HMO	Y	n/a
Prosser School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 584	HMO	Y	n/a
Pullman School District	**Plan 352**	PPO	Y	n/a
	Plan 354	PPO	Y	n/a
	Plan 356	TRAD	Y	n/a
	Plan 355	TRAD	Y	n/a
	Plan 534	HMO	Y	n/a
	Plan 535	HMO	Y	n/a
	Plan 608	HMO	Y	n/a
	Plan 632	HMO	Y	n/a
	Plan 650	HMO	Y	n/a
Puyallup School District	**Plan 350**	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 383	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 384	PPO	Y	n/a
	Plan 385	PPO	Y	n/a
	Plan 386	PPO	Y	n/a
	Plan 405	PPO	Y	n/a
	Plan 406	PPO	Y	n/a
	Plan 407	PPO	Y	n/a
	Plan 408	PPO	Y	n/a
	Plan 671	PPO	Y	n/a
	Plan 672	PPO	Y	n/a
Queets-Clearwater School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Quilcene School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Quillayute Valley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Quincy School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
Rainier School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 454	HMO	Y	n/a
Raymond School District	**Plan 280**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Reardan-Edwall School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Renton School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 441	HMO	Y	n/a
Republic School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Richland School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 585	HMO	Y	n/a
Ridgefield School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 305	HMO	Y	n/a
Ritzville School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Riverside School District	**Plan 315**	PPO	Y	n/a
	Plan 319	PPO	Y	n/a
	Plan 320	PPO	Y	n/a
	Plan 352	PPO	Y	n/a
	Plan 354	PPO	Y	n/a
	Plan 356	TRAD	Y	n/a
	Plan 355	TRAD	Y	n/a
	Plan 536	HMO	Y	n/a
	Plan 574	HMO	Y	n/a
	Plan 603	HMO	Y	n/a
	Plan 625	HMO	Y	n/a
Riverview School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 444	HMO	Y	n/a
Rochester School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 421	HMO	Y	n/a
Roosevelt School District	**Plan 349**	PPO	Y	n/a
Rosalia School District	**Plan 278**	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 594	HMO	Y	n/a
	Plan 611	HMO	Y	n/a
Royal School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
San Juan Island School District	**Plan 363**	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 370	PPO	Y	n/a
	Plan 362	PPO	Y	n/a
	Plan 496	HMO	Y	n/a
Satsop School District	**Plan 280**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
Seattle Public Schools	**Plan 349**	PPO	Y	n/a
	Plan 344	PPO	Y	n/a
	Plan 345	PPO	Y	n/a
	Plan 465	HMO	Y	n/a
	Plan 668	PPO	Y	n/a
	Plan 669	PPO	Y	n/a
	Plan 670	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 673	PPO	Y	n/a
	Plan 674	PPO	Y	n/a
Sedro-Woolley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 348	PPO	Y	n/a
	Plan 476	HMO	Y	n/a
Selah School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 565	HMO	Y	n/a
Selkirk School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Sequim School District	**Plan 278**	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Shaw Island School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 477	HMO	Y	n/a
Shelton School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 363	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 501	HMO	Y	n/a
	Plan 502	HMO	Y	n/a
Shoreline School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 663	HMO	Y	n/a
Skamania School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a
	Plan 298	HMO	Y	n/a
Skykomish School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Snohomish School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 446	HMO	Y	n/a
Snoqualmie Valley School District	**Plan 349**	PPO	Y	n/a
	Plan 238	PPO	Y	n/a
	Plan 245	PPO	Y	n/a
	Plan 268	PPO	Y	n/a
	Plan 443	HMO	Y	n/a
	Plan 485	HMO	Y	n/a
	Plan 766	PPO	Y	n/a
	Plan 767	PPO	Y	n/a
Soap Lake School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
South Bend School District	**Plan 278**	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
South Kitsap School District	**Plan 363**	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 370	PPO	Y	n/a
	Plan 362	PPO	Y	n/a
	Plan 364	PPO	Y	n/a
	Plan 480	PPO	Y	n/a
South Whidbey School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 442	HMO	Y	n/a
Southside School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Spokane School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 348	PPO	Y	n/a
	Plan 317	PPO	Y	n/a
	Plan 555	HMO	Y	n/a
	Plan 556	HMO	Y	n/a
	Plan 557	HMO	Y	n/a
	Plan 558	HMO	Y	n/a
	Plan 675	PPO	Y	n/a
	Plan 676	PPO	Y	n/a
	Plan 690	PPO	Y	n/a
	Plan 691	PPO	Y	n/a
Sprague School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
St. John School District	**Plan 351**	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Stanwood-Camano School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 363	PPO	Y	n/a
	Plan 366	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 367	TRAD	Y	n/a
	Plan 365	PPO	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 370	PPO	Y	n/a
	Plan 506	HMO	Y	n/a
Star School District	**Plan 315**	PPO	Y	n/a
	Plan 319	PPO	Y	n/a
	Plan 320	PPO	Y	n/a
Starbuck School District	**Plan 278**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
Stehekin School District	**Plan 351**	PPO	Y	n/a
Steilacoom Hist. School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 456	HMO	Y	n/a
Steptoe School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Stevenson-Carson School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a
Sultan School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 463	HMO	Y	n/a
Summit Valley School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Sumner School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 510	HMO	Y	n/a
Sunnyside School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 566	HMO	Y	n/a
Tacoma School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 457	HMO	Y	n/a
Taholah School District	**Plan 279**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Tahoma School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 447	HMO	Y	n/a
Tekoa School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 617	HMO	Y	n/a
Tenino School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 483	HMO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
Thorp School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Toledo School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Tonasket School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
Toppenish School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 513	HMO	Y	n/a
	Plan 543	HMO	Y	n/a
	Plan 544	HMO	Y	n/a
	Plan 588	HMO	Y	n/a
	Plan 627	HMO	Y	n/a
	Plan 639	HMO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
	Plan 680	PPO	Y	n/a
Touchet School District	**Plan 363**	PPO	Y	n/a
	Plan 366	PPO	Y	n/a
	Plan 367	TRAD	Y	n/a
	Plan 368	TRAD	Y	n/a
	Plan 609	HMO	Y	n/a
	Plan 624	HMO	Y	n/a
Toutle Lake School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 275	HMO	Y	n/a
Trout Lake School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a
Tukwila School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 666	HMO	Y	n/a
Tumwater School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 494	HMO	Y	n/a
Union Gap School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 595	HMO	Y	n/a
University Place School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 462	HMO	Y	n/a
	Plan 655	HMO	Y	n/a
Valley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 626	HMO	Y	n/a
Vancouver School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 302	HMO	Y	n/a
Vashon Island School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 449	HMO	Y	n/a
Wahkiakum School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Wahluke School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 518	HMO	Y	n/a
	Plan 649	HMO	Y	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
Waitsburg School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 592	HMO	Y	n/a
Walla Walla Public Schools	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 593	HMO	Y	n/a
Wapato School District	**Plan 349**	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 514	HMO	Y	n/a
	Plan 545	HMO	Y	n/a
	Plan 546	HMO	Y	n/a
	Plan 640	HMO	Y	n/a
	Plan 641	HMO	Y	n/a
	Plan 681	PPO	Y	n/a
Warden School District	**Plan 286**	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Washougal School District	**Plan 311**	HMO	Y	n/a
Washtucna School District	**Plan 278**	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Waterville School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Wellpinit School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Wenatchee School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
West Valley School District (Spokane)	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 315	PPO	Y	n/a
	Plan 319	PPO	Y	n/a

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K–12 School District Data Collection Project
Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 320	PPO	Y	n/a
	Plan 515	HMO	Y	n/a
	Plan 547	HMO	Y	n/a
	Plan 548	HMO	Y	n/a
	Plan 575	HMO	Y	n/a
	Plan 591	HMO	Y	n/a
	Plan 601	HMO	Y	n/a
	Plan 642	HMO	Y	n/a
	Plan 643	HMO	Y	n/a
	Plan 682	PPO	Y	n/a
	Plan 706	PPO	Y	n/a
	Plan 707	PPO	Y	n/a
West Valley School District (Yakima)	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
	Plan 289	PPO	Y	n/a
White Pass School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending 2013	Plan Year Ending 2014
White River School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 658	HMO	Y	n/a
White Salmon Valley School District	**Plan 269**	PPO	Y	n/a
	Plan 270	PPO	Y	n/a
	Plan 271	PPO	Y	n/a
	Plan 272	PPO	Y	n/a
	Plan 711	PPO	Y	n/a
Wilbur School District	**Plan 278**	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Willapa Valley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Wilson Creek School District	**Plan 278**	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 286	HMO	Y	n/a
	Plan 287	HMO	Y	n/a
	Plan 288	HMO	Y	n/a
	Plan 346	PPO	Y	n/a
	Plan 347	PPO	Y	n/a
	Plan 704	HMO	Y	n/a
Winlock School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
Wishkah Valley School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Wishram School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
Woodland School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 308	HMO	Y	n/a
Yakima School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a

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Exhibit A2a
Health Plan Options by District
All Plans Offered in Calendar Year 2013

District	Health Plan	Plan Type	Plan Year Ending	
			2013	2014
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 516	HMO	Y	n/a
	Plan 549	HMO	Y	n/a
	Plan 550	HMO	Y	n/a
	Plan 644	HMO	Y	n/a
	Plan 645	HMO	Y	n/a
	Plan 683	PPO	Y	n/a
Yelm School District	**Plan 278**	PPO	Y	n/a
	Plan 279	PPO	Y	n/a
	Plan 280	PPO	Y	n/a
	Plan 349	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 289	PPO	Y	n/a
	Plan 348	PPO	Y	n/a
	Plan 452	HMO	Y	n/a
Zillah School District	**Plan 349**	PPO	Y	n/a
	Plan 350	PPO	Y	n/a
	Plan 351	PPO	Y	n/a
	Plan 517	HMO	Y	n/a
	Plan 551	HMO	Y	n/a
	Plan 552	HMO	Y	n/a
	Plan 646	HMO	Y	n/a
	Plan 647	HMO	Y	n/a
	Plan 684	PPO	Y	n/a

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Exhibit A2b
Health Plan Coverage Periods
All Plans Offered in Calendar Year 2013

Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 238	10/1/2012	9/30/2013		
Plan 245	10/1/2012	9/30/2013		
Plan 268	10/1/2012	9/30/2013		
Plan 269	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 270	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 271	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 272	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 273	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 274	10/1/2012	10/31/2013		
Plan 275	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 276	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 277	10/1/2012	10/31/2013		
Plan 278	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 279	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 280	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 281	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 282	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 283	10/1/2013	10/31/2013	11/1/2013	10/31/2014
Plan 285	10/1/2013	10/31/2013	11/1/2013	10/31/2014
Plan 286	1/1/2013	12/31/2013		
Plan 287	1/1/2013	12/31/2013		
Plan 288	1/1/2013	12/31/2013		
Plan 289	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 292	10/1/2012	10/31/2013		
Plan 293	10/1/2012	10/31/2013		
Plan 294	10/1/2012	10/31/2013		
Plan 298	11/1/2012	10/31/2013		
Plan 300	10/1/2012	10/31/2013		
Plan 301	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 302	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 303	10/1/2012	10/31/2013		
Plan 304	10/1/2012	10/31/2013		

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 305	10/1/2012	10/31/2013		
Plan 306	10/1/2012	10/31/2013		
Plan 308	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 310	10/1/2012	10/31/2013		
Plan 311	10/1/2012	9/30/2013		
Plan 315	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 316	10/1/2012	10/31/2013		
Plan 317	1/1/2013	12/31/2013		
Plan 318	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 319	10/1/2012	10/31/2013		
Plan 320	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 321	10/1/2012	10/31/2013		
Plan 322	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 324	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 325	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 326	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 327	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 328	10/1/2012	9/30/2013		
Plan 332	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 334	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 335	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 336	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 337	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 338	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 339	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 340	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 341	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 342	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 343	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 344	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 345	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 346	1/1/2013	12/31/2013		

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Health Plan Coverage Periods
All Plans Offered in Calendar Year 2013

Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 347	1/1/2013	12/31/2013		
Plan 348	11/1/2012	10/31/2013		
Plan 349	11/1/2012	10/31/2013		
Plan 350	11/1/2012	10/31/2013		
Plan 351	11/1/2012	10/31/2013		
Plan 352	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 353	11/1/2012	10/31/2013		
Plan 354	11/1/2012	10/31/2013		
Plan 355	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 356	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 357	10/1/2012	10/31/2013		
Plan 358	11/1/2012	10/31/2013		
Plan 359	10/1/2012	10/31/2013		
Plan 360	10/1/2012	10/31/2013		
Plan 361	10/1/2012	10/31/2013		
Plan 362	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 363	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 364	10/1/2012	10/31/2013		
Plan 365	10/1/2012	10/31/2013		
Plan 366	10/1/2012	10/31/2013		
Plan 367	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 368	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 369	10/1/2012	10/31/2013		
Plan 370	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 374	10/1/2012	10/31/2013		
Plan 378	10/1/2012	10/31/2013		
Plan 380	10/1/2012	10/31/2013		
Plan 381	10/1/2012	10/31/2013		
Plan 383	10/1/2012	10/31/2013		
Plan 384	10/1/2012	10/31/2013		
Plan 385	10/1/2012	10/31/2013		
Plan 386	10/1/2012	10/31/2013		

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All Plans Offered in Calendar Year 2013

Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 391	10/1/2012	10/31/2013		
Plan 392	10/1/2012	10/31/2013		
Plan 393	10/1/2012	10/31/2013		
Plan 397	11/1/2012	10/31/2013		
Plan 398	11/1/2012	10/31/2013		
Plan 399	11/1/2012	10/31/2013		
Plan 400	11/1/2012	10/31/2013		
Plan 401	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 402	10/1/2012	10/31/2013		
Plan 403	10/1/2012	10/31/2013		
Plan 404	10/1/2012	10/31/2013		
Plan 405	10/1/2012	10/31/2013		
Plan 406	10/1/2012	10/31/2013		
Plan 407	10/1/2012	10/31/2013		
Plan 408	10/1/2012	10/31/2013		
Plan 409			10/1/2013	9/30/2014
Plan 410			10/1/2013	9/30/2014
Plan 411			10/1/2013	9/30/2014
Plan 412			10/1/2013	9/30/2014
Plan 413			10/1/2013	9/30/2014
Plan 414	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 415	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 416	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 417	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 418	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 419	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 420	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 421	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 422	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 423	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 424	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 425	10/1/2012	9/30/2013	10/1/2013	9/30/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 426	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 427	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 428	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 429	1/1/2013	12/31/2013		
Plan 430	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 431	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 432	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 433	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 434	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 435	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 436	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 437	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 438	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 439	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 440	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 441	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 442	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 443	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 444	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 445	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 446	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 447	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 448	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 449	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 450	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 451	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 452	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 453	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 454	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 455	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 456	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 457	1/1/2013	12/31/2013		

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 458	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 459	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 460	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 461	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 462	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 463	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 464	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 465	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 466	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 467	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 468	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 469	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 470	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 471	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 472	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 473	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 474	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 475	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 476	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 477	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 478	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 479	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 480	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 481	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 482	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 483	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 484	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 485	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 486	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 487	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 488	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 489	10/1/2012	9/30/2013	10/1/2013	9/30/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 490	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 491	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 492	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 493	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 494	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 495	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 496	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 497	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 498	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 499	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 500	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 501	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 502	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 503	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 504	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 505	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 506	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 507	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 508	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 509	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 510	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 511	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 512	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 513	1/1/2013	12/31/2013		
Plan 514	1/1/2013	12/31/2013		
Plan 515	1/1/2013	12/31/2013		
Plan 516	1/1/2013	12/31/2013		
Plan 517	1/1/2013	12/31/2013		
Plan 518	1/1/2013	12/31/2013		
Plan 519	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 520	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 521	10/1/2012	9/30/2013	10/1/2013	9/30/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 522	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 523	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 524	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 525	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 526	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 527	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 528	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 529	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 530	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 531	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 532	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 533	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 534	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 535	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 536	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 537	1/1/2013	12/31/2013		
Plan 538	1/1/2013	12/31/2013		
Plan 539	1/1/2013	12/31/2013		
Plan 540	1/1/2013	12/31/2013		
Plan 541	1/1/2013	12/31/2013		
Plan 542	1/1/2013	12/31/2013		
Plan 543	1/1/2013	12/31/2013		
Plan 544	1/1/2013	12/31/2013		
Plan 545	1/1/2013	12/31/2013		
Plan 546	1/1/2013	12/31/2013		
Plan 547	1/1/2013	12/31/2013		
Plan 548	1/1/2013	12/31/2013		
Plan 549	1/1/2013	12/31/2013		
Plan 550	1/1/2013	12/31/2013		
Plan 551	1/1/2013	12/31/2013		
Plan 552	1/1/2013	12/31/2013		
Plan 553	10/1/2012	9/30/2013	10/1/2013	9/30/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 554	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 555	1/1/2013	12/31/2013		
Plan 556	1/1/2013	12/31/2013		
Plan 557	1/1/2013	12/31/2013		
Plan 558	1/1/2013	12/31/2013		
Plan 559	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 560	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 561	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 562	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 563	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 564	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 565	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 566	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 567	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 568	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 569	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 570	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 571	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 572	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 573	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 574	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 575	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 576	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 577	1/1/2013	12/31/2013		
Plan 578	1/1/2013	12/31/2013		
Plan 579	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 580	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 581	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 582	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 583	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 584	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 585	10/1/2012	9/30/2013	10/1/2013	9/30/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 586	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 587	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 588	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 589	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 590	1/1/2013	12/31/2013		
Plan 591	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 592	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 593	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 594	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 595	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 596	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 597	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 598	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 599	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 600	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 601	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 602	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 603	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 604	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 605	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 606	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 607	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 608	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 609	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 610	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 611	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 612	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 613	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 614	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 615	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 616	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 617	10/1/2012	9/30/2013	10/1/2013	9/30/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 618	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 619	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 620	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 621	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 622	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 623	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 624	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 625	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 626	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 627	1/1/2013	12/31/2013		
Plan 628	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 629	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 630	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 631	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 632	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 633	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 634	1/1/2013	12/31/2013		
Plan 635	1/1/2013	12/31/2013		
Plan 636	1/1/2013	12/31/2013		
Plan 637	1/1/2013	12/31/2013		
Plan 638	1/1/2013	12/31/2013		
Plan 639	1/1/2013	12/31/2013		
Plan 640	1/1/2013	12/31/2013		
Plan 641	1/1/2013	12/31/2013		
Plan 642	1/1/2013	12/31/2013		
Plan 643	1/1/2013	12/31/2013		
Plan 644	1/1/2013	12/31/2013		
Plan 645	1/1/2013	12/31/2013		
Plan 646	1/1/2013	12/31/2013		
Plan 647	1/1/2013	12/31/2013		
Plan 648	1/1/2013	12/31/2013		
Plan 649	10/1/2012	9/30/2013	10/1/2013	9/30/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 650	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 651	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 652	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 653	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 654	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 655	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 656	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 657	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 658	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 659	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 660	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 661	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 662	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 663	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 664	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 665	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 666	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 667	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 668	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 669	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 670	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 671	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 672	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 673	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 674	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 675	1/1/2013	12/31/2013		
Plan 676	1/1/2013	12/31/2013		
Plan 677	1/1/2013	12/31/2013		
Plan 678	1/1/2013	12/31/2013		
Plan 679	1/1/2013	12/31/2013		
Plan 680	1/1/2013	12/31/2013		
Plan 681	1/1/2013	12/31/2013		

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 682	1/1/2013	12/31/2013		
Plan 683	1/1/2013	12/31/2013		
Plan 684	1/1/2013	12/31/2013		
Plan 685	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 686	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 687	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 688	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 689	10/1/2012	9/30/2013	10/1/2013	9/30/2014
Plan 690	1/1/2013	12/31/2013		
Plan 691	1/1/2013	12/31/2013		
Plan 692			11/1/2013	10/31/2014
Plan 693			11/1/2013	10/31/2014
Plan 694			11/1/2013	10/31/2014
Plan 695			11/1/2013	10/31/2014
Plan 696			11/1/2013	10/31/2014
Plan 697			11/1/2013	10/31/2014
Plan 698			10/1/2013	9/30/2014
Plan 699			11/1/2013	10/31/2014
Plan 700			11/1/2013	10/31/2014
Plan 701			11/1/2013	10/31/2014
Plan 702			11/1/2013	10/31/2014
Plan 703			10/1/2013	9/30/2014
Plan 704	1/1/2013	12/31/2013		
Plan 705			11/1/2013	10/31/2014
Plan 706	10/1/2013	10/31/2013	11/1/2013	10/31/2014
Plan 707	10/1/2013	10/31/2013	11/1/2013	10/31/2014
Plan 708			11/1/2013	10/31/2014
Plan 709			11/1/2013	10/31/2014
Plan 710			11/1/2013	10/31/2014
Plan 711	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 712	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 713			11/1/2013	10/31/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 714	1/1/2013	12/31/2013		
Plan 715	1/1/2013	12/31/2013		
Plan 716	1/1/2013	12/31/2013		
Plan 717	1/1/2013	12/31/2013		
Plan 718			11/1/2013	10/31/2014
Plan 719			11/1/2013	10/31/2014
Plan 720			11/1/2013	10/31/2014
Plan 721			11/1/2013	10/31/2014
Plan 722			11/1/2013	10/31/2014
Plan 723			11/1/2013	10/31/2014
Plan 724			11/1/2013	10/31/2014
Plan 725			11/1/2013	10/31/2014
Plan 726			11/1/2013	10/31/2014
Plan 727			11/1/2013	10/31/2014
Plan 728			11/1/2013	10/31/2014
Plan 729			11/1/2013	10/31/2014
Plan 730			11/1/2013	10/31/2014
Plan 731			11/1/2013	10/31/2014
Plan 732			11/1/2013	10/31/2014
Plan 733			11/1/2013	10/31/2014
Plan 734			11/1/2013	10/31/2014
Plan 735			11/1/2013	10/31/2014
Plan 736			11/1/2013	10/31/2014
Plan 737			11/1/2013	10/31/2014
Plan 738			11/1/2013	10/31/2014
Plan 739			11/1/2013	10/31/2014
Plan 740			11/1/2013	10/31/2014
Plan 741			11/1/2013	10/31/2014
Plan 742			11/1/2013	10/31/2014
Plan 743			11/1/2013	10/31/2014
Plan 744	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 745	11/1/2012	10/31/2013	11/1/2013	10/31/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 746	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 747	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 748	11/1/2012	10/31/2013		
Plan 749	10/1/2012	10/31/2013		
Plan 750	10/1/2012	10/31/2013		
Plan 751	1/1/2013	12/31/2013		
Plan 752	1/1/2013	12/31/2013		
Plan 753			11/1/2013	10/31/2014
Plan 754			11/1/2013	10/31/2014
Plan 755			11/1/2013	10/31/2014
Plan 756			11/1/2013	10/31/2014
Plan 757			11/1/2013	10/31/2014
Plan 758			11/1/2013	10/31/2014
Plan 759			11/1/2013	10/31/2014
Plan 760			11/1/2013	10/31/2014
Plan 761	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 762	11/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 763	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 764	10/1/2012	10/31/2013	11/1/2013	10/31/2014
Plan 765	1/1/2013	12/31/2013		
Plan 766	10/1/2012	9/30/2013		
Plan 767	10/1/2012	9/30/2013		
Plan 768			11/1/2013	10/31/2014
Plan 769			10/1/2013	9/30/2014
Plan 770			10/1/2013	9/30/2014
Plan 771			11/1/2013	10/31/2014
Plan 772			10/1/2013	9/30/2014
Plan 773			10/1/2013	9/30/2014
Plan 774			11/1/2013	10/31/2014
Plan 775			11/1/2013	10/31/2014
Plan 776			11/1/2013	10/31/2014
Plan 777			11/1/2013	10/31/2014

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Health Plan	Plan Year Ending in 2013		Plan Year Beginning in 2013	
	Begin Date	End Date	Begin Date	End Date
Plan 778			11/1/2013	10/31/2014
Plan 779			10/1/2013	9/30/2014
Plan 780			10/1/2013	9/30/2014

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Exhibit A3
Enrollment by Benefit Package and Health Plan
For the Plan Year Ending in 2013

Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 003	**Plan 238**	Snoqualmie Valley School District	161	109	270
	Plan 238 Total		**161**	**109**	**270**
Benefit Package 003 Total			**161**	**109**	**270**
Benefit Package 004	**Plan 766**	Snoqualmie Valley School District	78	75	153
	Plan 766 Total		**78**	**75**	**153**
Benefit Package 004 Total			**78**	**75**	**153**
Benefit Package 005	**Plan 767**	Snoqualmie Valley School District	74	68	142
	Plan 767 Total		**74**	**68**	**142**
Benefit Package 005 Total			**74**	**68**	**142**
Benefit Package 006	**Plan 245**	Snoqualmie Valley School District	10	13	23
	Plan 245 Total		10	13	23
Benefit Package 006 Total			10	13	23
Benefit Package 007	**Plan 268**	Snoqualmie Valley School District	7	12	19
	Plan 268 Total		7	12	19
Benefit Package 007 Total			7	12	19
Benefit Package 008	**Plan 269**	Centerville School District	0	0	0
		Glenwood School District	0	0	0
		Goldendale School District	0	0	0
		Klickitat School District	0	0	0
		Lyle School District	**0**	**0**	**0**
		Mill A School District	**0**	**0**	**0**
		Skamania School District	0	0	0
		Stevenson-Carson School District	0	0	0
		Trout Lake School District	0	0	0
		White Salmon Valley School District	1	0	1
	Plan 269 Total		1	0	1
Benefit Package 008 Total			1	0	1
Benefit Package 009	**Plan 270**	Centerville School District	2	4	6
		Glenwood School District	4	1	5
		Goldendale School District	18	18	36
		Klickitat School District	5	5	10
		Lyle School District	**4**	**2**	**6**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mill A School District	**0**	**0**	**0**
		Skamania School District	1	0	1
		Stevenson-Carson School District	7	7	14
		Trout Lake School District	3	4	7
		White Salmon Valley School District	11	7	18
	Plan 270 Total		55	48	103
Benefit Package 009 Total			55	48	103
Benefit Package 010	**Plan 271**	Centerville School District	7	9	16
		Glenwood School District	13	1	14
		Goldendale School District	58	45	103
		Klickitat School District	13	3	16
		Lyle School District	**24**	**10**	**34**
		Mill A School District	**2**	**1**	**3**
		Skamania School District	1	0	1
		Stevenson-Carson School District	53	35	88
		Trout Lake School District	16	12	28
		White Salmon Valley School District	69	37	106
	Plan 271 Total		256	153	409
Benefit Package 010 Total			256	153	409
Benefit Package 011	**Plan 272**	Centerville School District	0	0	0
		Glenwood School District	3	5	8
		Goldendale School District	22	44	66
		Klickitat School District	2	4	6
		Lyle School District	**2**	**2**	**4**
		Mill A School District	**3**	**7**	**10**
		Skamania School District	1	1	2
		Stevenson-Carson School District	**22**	**26**	**48**
		Trout Lake School District	**3**	**4**	**7**
		White Salmon Valley School District	34	50	84
	Plan 272 Total		**92**	**143**	**235**
Benefit Package 011 Total			**92**	**143**	**235**
Benefit Package 012	**Plan 273**	Evergreen School District (Clark)	126	113	239

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For the Plan Year Ending in 2013

Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 273 Total		**126**	**113**	**239**
Benefit Package 012 Total			**126**	**113**	**239**
Benefit Package 013	**Plan 276**	Evergreen School District (Clark)	131	211	342
	Plan 276 Total		**131**	**211**	**342**
Benefit Package 013 Total			131	211	342
Benefit Package 014	**Plan 277**	Evergreen School District (Clark)	189	78	267
	Plan 277 Total		**189**	**78**	**267**
Benefit Package 014 Total			**189**	**78**	**267**
Benefit Package 016	**Plan 274**	Evergreen School District (Clark)	69	49	118
	Plan 274 Total		69	49	118
	Plan 275	Castle Rock School District	58	39	97
		Toutle Lake School District	24	15	39
	Plan 275 Total		82	54	136
Benefit Package 016 Total			151	103	254
Benefit Package 017	**Plan 278**	Aberdeen School District	35	40	75
		Adna School District	9	15	24
		Anacortes School District	28	43	71
		Arlington School District	77	132	209
		Asotin-Anatone School District	8	21	29
		Auburn School District	105	152	257
		Bainbridge Island School District	38	54	92
		Battle Ground School District	42	76	118
		Bellevue School District	180	257	437
		Bethel School District	139	133	272
		Boistfort School District	3	2	5
		Bremerton School District	18	16	34
		Brewster School District	12	10	22
		Bridgeport School District	13	21	34
		Brinnon School District	5	4	9
		Burlington-Edison School District	11	11	22
		Camas School District	75	118	193
		Cape Flattery School District	4	4	8

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Carbonado School District	1	1	2
		Cascade School District	27	39	66
		Castle Rock School District	6	9	15
		Central Kitsap School District	124	204	328
		Central Valley School District	45	67	112
		Centralia School District	53	85	138
		Chehalis School District	32	48	80
		Cheney School District	21	19	40
		Chewelah School District	12	9	21
		Chimacum School District	5	5	10
		Clarkston School District	33	50	83
		Cle Elum-Roslyn School District	5	12	17
		Clover Park School District	58	104	162
		Colfax School District	3	10	13
		College Place School District	15	18	33
		Columbia (Stevens) School District	3	5	8
		Columbia (Walla Walla) School District	4	5	9
		Colville School District	19	28	47
		Concrete School District	7	7	14
		Conway School District	6	8	14
		Cosmopolis School District	2	8	10
		Coupeville School District	8	24	32
		Crescent School District	8	8	16
		Creston School District	3	3	6
		Curlew School District	4	7	11
		Cusick School District	7	13	20
		Damman School District	1	1	2
		Davenport School District	5	15	20
		Dayton School District	0	1	1
		Dieringer School District	27	48	75
		East Valley School District (Spokane)	41	74	115
		East Valley School District (Yakima)	13	21	34

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Eastmont School District	44	61	105
		Eatonville School District	17	31	48
		Edmonds School District	174	265	439
		Ellensburg School District	27	38	65
		Elma School District	11	10	21
		Endicott School District	2	2	4
		Entiat School District	5	4	9
		Enumclaw School District	29	52	81
		Ephrata School District	25	42	67
		Evaline School District	1	5	6
		Everett School District	133	172	305
		Evergreen School District (Clark)	28	22	50
		Ferndale School District	56	67	123
		Fife School District	33	46	79
		Finley School District	11	23	34
		Franklin Pierce School District	141	200	341
		Garfield School District	6	4	10
		Grand Coulee Dam School District	4	6	10
		Grandview School District	40	55	95
		Granger School District	2	3	5
		Granite Falls School District	6	6	12
		Grapeview School District	5	8	13
		Green Mountain School District	3	2	5
		Griffin School District	16	30	46
		Harrington School District	2	8	10
		Highland School District	6	8	14
		Highline School District	47	74	121
		Hockinson School District	6	12	18
		Hood Canal School District	10	7	17
		Hoquiam School District	5	6	11
		Inchelium School District	4	8	12
		Index School District	2	2	4

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Issaquah School District	168	213	381
		Kahlotus School District	1	4	5
		Kalama School District	3	2	5
		Kelso School District	49	59	108
		Kennewick School District	136	229	365
		Kent School District	92	122	214
		Kettle Falls School District	15	23	38
		Kiona-Benton City School District	3	6	9
		La Center School District	5	8	13
		La Conner School District	10	19	29
		LaCrosse School District	2	3	5
		Lake Chelan School District	41	81	122
		Lake Quinault School District	1	0	1
		Lake Stevens School District	25	29	54
		Lake Washington School District	131	190	321
		Lakewood School District	14	23	37
		Lamont School District	1	3	4
		Lind School District	1	2	3
		Longview School District	62	112	174
		Loon Lake School District	4	9	13
		Lopez School District	2	6	8
		Mabton School District	2	3	5
		Manson School District	7	5	12
		Mary M Knight School District	4	7	11
		Mary Walker School District	7	3	10
		Marysville School District	99	140	239
		McCleary School District	3	6	9
		Mead School District	136	210	346
		Medical Lake School District	2	3	5
		Mercer Island School District	37	43	80
		Methow Valley School District	14	19	33
		Monroe School District	56	89	145

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Montesano School District	7	11	18
		Morton School District	1	6	7
		Moses Lake School District	62	80	142
		Mossyrock School District	0	0	0
		Mount Adams School District	3	5	8
		Mount Vernon School District	30	46	76
		Naches Valley School District	8	18	26
		Napavine School District	19	36	55
		Naselle-Grays River Valley School District	3	7	10
		Nespelem School District	3	1	4
		Newport School District	27	19	46
		North Beach School District	13	9	22
		North Franklin School District	13	14	27
		North Kitsap School District	70	96	166
		North Mason School District	8	7	15
		North River School District	1	10	11
		North Thurston Public Schools	93	124	217
		Northport School District	6	12	18
		Oak Harbor School District	40	63	103
		Oakesdale School District	1	0	1
		Oakville School District	8	12	20
		Ocean Beach School District	11	8	19
		Ocosta School District	6	16	22
		Odessa School District	2	3	5
		Okanogan School District	4	3	7
		Olympia School District	92	112	204
		Omak School District	35	57	92
		Onalaska School District	18	29	47
		Orcas Island School District	6	6	12
		Orondo School District	5	0	5
		Oroville School District	6	11	17
		Orting School District	21	27	48

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Othello School District	77	97	174
		Palouse School District	3	5	8
		Pasco School District	146	233	379
		Pateros School District	3	0	3
		Pe Ell School District	10	8	18
		Pioneer School District	8	8	16
		Pomeroy School District	1	2	3
		Port Angeles School District	42	84	126
		Port Townsend School District	22	28	50
		Prosser School District	22	28	50
		Queets-Clearwater School District	5	3	8
		Quilcene School District	12	14	26
		Quillayute Valley School District	11	11	22
		Quincy School District	26	49	75
		Rainier School District	12	14	26
		Reardan-Edwall School District	3	0	3
		Renton School District	135	153	288
		Republic School District	3	1	4
		Richland School District	89	139	228
		Ridgefield School District	10	21	31
		Riverview School District	26	46	72
		Rochester School District	22	44	66
		Rosalia School District	2	5	7
		Royal School District	28	16	44
		Sedro-Woolley School District	40	69	109
		Selah School District	51	68	119
		Selkirk School District	1	0	1
		Sequim School District	46	80	126
		Shaw Island School District	2	2	4
		Shelton School District	60	57	117
		Shoreline School District	108	145	253
		Skykomish School District	1	1	2

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Snohomish School District	47	59	106
		Soap Lake School District	12	20	32
		South Bend School District	8	13	21
		South Whidbey School District	28	32	60
		Southside School District	5	4	9
		Spokane School District	63	109	172
		Sprague School District	4	6	10
		Stanwood-Camano School District	22	37	59
		Starbuck School District	1	2	3
		Steilacoom Hist. School District	31	34	65
		Sultan School District	15	26	41
		Sumner School District	179	244	423
		Sunnyside School District	74	136	210
		Tacoma School District	174	274	448
		Tahoma School District	72	109	181
		Tekoa School District	3	6	9
		Tenino School District	9	10	19
		Thorp School District	3	2	5
		Toledo School District	16	14	30
		Tonasket School District	21	35	56
		Toppenish School District	10	22	32
		Toutle Lake School District	10	19	29
		Tukwila School District	20	19	39
		Tumwater School District	59	96	155
		Union Gap School District	11	13	24
		University Place School District	29	46	75
		Valley School District	37	58	95
		Vancouver School District	164	247	411
		Vashon Island School District	15	26	41
		Wahluke School District	21	25	46
		Waitsburg School District	4	4	8
		Walla Walla Public Schools	58	80	138

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Washtucna School District	1	1	2
		Waterville School District	11	20	31
		Wellpinit School District	10	6	16
		Wenatchee School District	85	118	203
		West Valley School District (Spokane)	12	11	23
		West Valley School District (Yakima)	14	25	39
		White Pass School District	5	4	9
		White River School District	45	63	108
		Wilbur School District	2	2	4
		Willapa Valley School District	5	1	6
		Wilson Creek School District	1	1	2
		Winlock School District	**12**	**15**	**27**
		Wishkah Valley School District	**1**	**5**	**6**
		Wishram School District	8	12	20
		Woodland School District	23	27	50
		Yakima School District	11	16	27
		Yelm School District	42	46	88
	Plan 278 Total		6,596	9,494	16,090
Benefit Package 017 Total			6,596	9,494	16,090
Benefit Package 018	**Plan 279**	Aberdeen School District	20	29	49
		Adna School District	3	8	11
		Anacortes School District	18	28	46
		Arlington School District	21	45	66
		Asotin-Anatone School District	12	14	26
		Auburn School District	59	94	153
		Bainbridge Island School District	13	19	32
		Battle Ground School District	26	40	66
		Bellevue School District	70	100	170
		Benge School District	0	0	0
		Bethel School District	24	39	63
		Boistfort School District	1	0	1
		Bremerton School District	12	18	30

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Brewster School District	7	13	20
		Bridgeport School District	5	5	10
		Brinnon School District	1	1	2
		Burlington-Edison School District	4	10	14
		Camas School District	14	21	35
		Cape Flattery School District	4	5	9
		Carbonado School District	1	4	5
		Cascade School District	13	15	28
		Castle Rock School District	0	0	0
		Central Kitsap School District	55	66	121
		Central Valley School District	47	90	137
		Centralia School District	27	51	78
		Chehalis School District	19	23	42
		Cheney School District	13	28	41
		Chewelah School District	12	25	37
		Chimacum School District	7	9	16
		Clarkston School District	22	36	58
		Cle Elum-Roslyn School District	2	6	8
		Clover Park School District	26	40	66
		College Place School District	9	14	23
		Colton School District	1	2	3
		Columbia (Stevens) School District	2	3	5
		Columbia (Walla Walla) School District	6	14	20
		Colville School District	7	9	16
		Concrete School District	4	5	9
		Conway School District	2	2	4
		Cosmopolis School District	3	7	10
		Coupeville School District	2	2	4
		Crescent School District	5	6	11
		Curlew School District	1	1	2
		Cusick School District	2	2	4
		Davenport School District	4	3	7

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Dayton School District	4	3	7
		Dieringer School District	12	24	36
		East Valley School District (Spokane)	22	41	63
		East Valley School District (Yakima)	10	16	26
		Eastmont School District	33	54	87
		Eatonville School District	6	7	13
		Edmonds School District	76	110	186
		Ellensburg School District	21	33	54
		Elma School District	10	13	23
		Endicott School District	1	2	3
		Entiat School District	2	1	3
		Enumclaw School District	7	17	24
		Ephrata School District	25	31	56
		Everett School District	29	38	67
		Evergreen School District (Clark)	18	27	45
		Evergreen School District (Stevens)	3	1	4
		Federal Way School District	1	2	3
		Ferndale School District	24	42	66
		Fife School District	15	29	44
		Finley School District	5	5	10
		Franklin Pierce School District	54	85	139
		Garfield School District	3	6	9
		Grand Coulee Dam School District	9	13	22
		Grandview School District	2	3	5
		Granger School District	4	6	10
		Granite Falls School District	12	10	22
		Grapeview School District	2	3	5
		Green Mountain School District	1	3	4
		Griffin School District	3	4	7
		Harrington School District	1	1	2
		Highland School District	6	11	17
		Highline School District	30	36	66

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Hockinson School District	2	6	8
		Hood Canal School District	1	3	4
		Hoquiam School District	4	4	8
		Inchelium School District	1	1	2
		Index School District	1	0	1
		Issaquah School District	57	99	156
		Kahlotus School District	3	4	7
		Kalama School District	0	0	0
		Keller School District	3	0	3
		Kelso School District	26	42	68
		Kennewick School District	69	110	179
		Kent School District	46	58	104
		Kettle Falls School District	4	1	5
		Kiona-Benton City School District	9	10	19
		La Center School District	4	13	17
		La Conner School District	7	15	22
		Lake Chelan School District	9	11	20
		Lake Stevens School District	7	8	15
		Lake Washington School District	92	135	227
		Lakewood School District	5	6	11
		Lamont School District	1	1	2
		Lind School District	3	4	7
		Longview School District	18	32	50
		Loon Lake School District	4	7	11
		Lopez School District	3	7	10
		Mabton School District	1	1	2
		Manson School District	13	14	27
		Mary Walker School District	5	2	7
		Marysville School District	34	78	112
		McCleary School District	4	2	6
		Mead School District	51	85	136
		Medical Lake School District	4	3	7

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mercer Island School District	19	29	48
		Methow Valley School District	6	4	10
		Monroe School District	25	38	63
		Montesano School District	27	34	61
		Morton School District	1	2	3
		Moses Lake School District	34	39	73
		Mossyrock School District	17	20	37
		Mount Adams School District	2	2	4
		Mount Vernon School District	19	27	46
		Naches Valley School District	2	5	7
		Napavine School District	4	3	7
		Naselle-Grays River Valley School District	9	18	27
		Nespelem School District	2	2	4
		Newport School District	15	15	30
		North Beach School District	4	6	10
		North Franklin School District	18	33	51
		North Kitsap School District	40	69	109
		North Mason School District	2	2	4
		North Thurston Public Schools	45	73	118
		Northport School District	1	6	7
		Oak Harbor School District	27	37	64
		Oakville School District	1	1	2
		Ocean Beach School District	4	3	7
		Ocosta School District	1	4	5
		Odessa School District	9	7	16
		Okanogan School District	6	5	11
		Olympia School District	57	87	144
		Omak School District	13	26	39
		Onalaska School District	17	21	38
		Orcas Island School District	6	11	17
		Orondo School District	5	6	11
		Oroville School District	2	5	7

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Orting School District	10	13	23
		Othello School District	23	29	52
		Palouse School District	1	4	5
		Pasco School District	99	166	265
		Pateros School District	2	2	4
		Paterson School District	6	9	15
		Pe Ell School District	0	0	0
		Pioneer School District	5	1	6
		Pomeroy School District	1	1	2
		Port Angeles School District	24	50	74
		Port Townsend School District	6	8	14
		Prescott School District	2	3	5
		Prosser School District	9	11	20
		Quilcene School District	1	1	2
		Quillayute Valley School District	6	10	16
		Quincy School District	22	41	63
		Rainier School District	2	1	3
		Reardan-Edwall School District	4	2	6
		Renton School District	60	76	136
		Republic School District	5	1	6
		Richland School District	49	75	124
		Ridgefield School District	3	6	9
		Riverview School District	19	31	50
		Rochester School District	12	36	48
		Rosalia School District	3	4	7
		Royal School District	13	29	42
		Sedro-Woolley School District	35	42	77
		Selah School District	24	26	50
		Sequim School District	25	33	58
		Shelton School District	20	34	54
		Shoreline School District	60	88	148
		Skykomish School District	1	0	1

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Snohomish School District	39	42	81
		Soap Lake School District	3	8	11
		South Bend School District	4	11	15
		South Whidbey School District	6	6	12
		Southside School District	1	3	4
		Spokane School District	16	22	38
		Sprague School District	3	3	6
		Stanwood-Camano School District	14	29	43
		Steilacoom Hist. School District	12	15	27
		Sultan School District	8	12	20
		Sumner School District	80	101	181
		Sunnyside School District	53	83	136
		Tacoma School District	55	101	156
		Taholah School District	1	0	1
		Tahoma School District	31	59	90
		Tekoa School District	3	5	8
		Tenino School District	4	13	17
		Thorp School District	5	4	9
		Toledo School District	5	12	17
		Tonasket School District	14	26	40
		Toppenish School District	13	34	47
		Toutle Lake School District	2	3	5
		Tukwila School District	2	0	2
		Tumwater School District	13	30	43
		Union Gap School District	4	7	11
		University Place School District	32	58	90
		Valley School District	3	9	12
		Vancouver School District	79	111	190
		Vashon Island School District	5	8	13
		Wahluke School District	8	11	19
		Waitsburg School District	1	0	1
		Walla Walla Public Schools	43	48	91

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Washtucna School District	2	4	6
		Waterville School District	6	12	18
		Wellpinit School District	4	5	9
		Wenatchee School District	73	77	150
		West Valley School District (Spokane)	8	10	18
		West Valley School District (Yakima)	21	33	54
		White Pass School District	4	4	8
		White River School District	26	39	65
		Willapa Valley School District	1	0	1
		Winlock School District	**6**	**5**	**11**
		Wishkah Valley School District	**1**	**0**	**1**
		Wishram School District	9	12	21
		Woodland School District	14	24	38
		Yakima School District	5	7	12
		Yelm School District	12	24	36
	Plan 279 Total		3,294	4,994	8,288
Benefit Package 018 Total			3,294	4,994	8,288
Benefit Package 019	**Plan 280**	Aberdeen School District	8	10	18
		Anacortes School District	3	4	7
		Arlington School District	11	17	28
		Asotin-Anatone School District	15	38	53
		Auburn School District	27	40	67
		Bainbridge Island School District	9	12	21
		Battle Ground School District	9	11	20
		Bellevue School District	17	25	42
		Benge School District	0	0	0
		Bethel School District	27	29	56
		Boistfort School District	1	1	2
		Bremerton School District	4	6	10
		Brewster School District	2	4	6
		Bridgeport School District	3	6	9
		Camas School District	13	22	35

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Cape Flattery School District	3	1	4
		Cascade School District	2	1	3
		Castle Rock School District	3	9	12
		Central Kitsap School District	39	55	94
		Central Valley School District	17	27	44
		Centralia School District	10	16	26
		Chehalis School District	6	4	10
		Cheney School District	5	6	11
		Chewelah School District	4	3	7
		Chimacum School District	0	1	1
		Clarkston School District	9	14	23
		Cle Elum-Roslyn School District	0	1	1
		Clover Park School District	14	22	36
		Colfax School District	1	2	3
		College Place School District	4	4	8
		Colton School District	0	0	0
		Columbia (Walla Walla) School District	2	3	5
		Colville School District	4	8	12
		Concrete School District	3	6	9
		Conway School District	2	3	5
		Coupeville School District	1	0	1
		Crescent School District	1	0	1
		Curlew School District	4	6	10
		Davenport School District	1	1	2
		Dayton School District	2	1	3
		Dieringer School District	3	4	7
		East Valley School District (Spokane)	12	18	30
		East Valley School District (Yakima)	7	4	11
		Eastmont School District	21	35	56
		Eatonville School District	2	4	6
		Edmonds School District	14	17	31
		Ellensburg School District	14	17	31

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Elma School District	2	8	10
		Endicott School District	1	1	2
		Entiat School District	5	12	17
		Enumclaw School District	2	4	6
		Ephrata School District	11	30	41
		Evaline School District	2	1	3
		Everett School District	18	26	44
		Evergreen School District (Clark)	11	15	26
		Evergreen School District (Stevens)	1	0	1
		Ferndale School District	3	5	8
		Finley School District	3	6	9
		Franklin Pierce School District	25	29	54
		Grand Coulee Dam School District	11	23	34
		Grandview School District	7	6	13
		Granger School District	2	5	7
		Granite Falls School District	3	3	6
		Green Mountain School District	2	3	5
		Griffin School District	1	6	7
		Highland School District	5	6	11
		Highline School District	9	10	19
		Hockinson School District	1	0	1
		Hood Canal School District	1	1	2
		Hoquiam School District	15	13	28
		Inchelium School District	2	3	5
		Issaquah School District	21	29	50
		Kahlotus School District	1	7	8
		Kelso School District	18	15	33
		Kennewick School District	57	84	141
		Kent School District	12	22	34
		Kettle Falls School District	1	0	1
		Kiona-Benton City School District	5	11	16
		La Center School District	3	3	6

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		La Conner School District	1	0	1
		LaCrosse School District	3	3	6
		Lake Chelan School District	4	4	8
		Lake Stevens School District	3	3	6
		Lake Washington School District	26	39	65
		Lakewood School District	2	2	4
		Longview School District	12	18	30
		Loon Lake School District	1	1	2
		Manson School District	2	4	6
		Mary M Knight School District	1	0	1
		Mary Walker School District	1	1	2
		Marysville School District	18	38	56
		Mead School District	25	48	73
		Medical Lake School District	2	1	3
		Mercer Island School District	10	9	19
		Methow Valley School District	2	2	4
		Monroe School District	24	27	51
		Montesano School District	1	0	1
		Morton School District	1	3	4
		Moses Lake School District	28	44	72
		Mossyrock School District	3	4	7
		Mount Vernon School District	10	11	21
		Naches Valley School District	5	11	16
		Napavine School District	1	0	1
		Naselle-Grays River Valley School District	0	0	0
		Nespelem School District	1	0	1
		Newport School District	11	26	37
		North Franklin School District	12	21	33
		North Kitsap School District	27	40	67
		North Mason School District	3	3	6
		North River School District	1	1	2
		North Thurston Public Schools	26	39	65

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Northport School District	1	1	2
		Oak Harbor School District	10	13	23
		Oakesdale School District	1	2	3
		Oakville School District	1	0	1
		Ocean Beach School District	3	1	4
		Ocosta School District	2	2	4
		Odessa School District	1	3	4
		Okanogan School District	4	5	9
		Olympia School District	17	18	35
		Omak School District	5	9	14
		Onalaska School District	5	3	8
		Orcas Island School District	1	2	3
		Orondo School District	1	0	1
		Oroville School District	2	2	4
		Orting School District	2	4	6
		Othello School District	10	26	36
		Pasco School District	76	101	177
		Pateros School District	6	4	10
		Pioneer School District	3	1	4
		Pomeroy School District	0	0	0
		Port Angeles School District	11	16	27
		Port Townsend School District	3	4	7
		Prescott School District	2	4	6
		Prosser School District	10	6	16
		Queets-Clearwater School District	3	4	7
		Quilcene School District	2	1	3
		Quillayute Valley School District	0	0	0
		Quincy School District	7	5	12
		Rainier School District	2	1	3
		Raymond School District	1	0	1
		Reardan-Edwall School District	2	3	5
		Renton School District	32	29	61

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Republic School District	4	5	9
		Richland School District	34	49	83
		Ridgefield School District	1	2	3
		Riverview School District	4	5	9
		Rochester School District	1	2	3
		Rosalia School District	1	1	2
		Royal School District	8	11	19
		Satsop School District	1	0	1
		Sedro-Woolley School District	9	15	24
		Selah School District	7	4	11
		Selkirk School District	1	4	5
		Sequim School District	11	11	22
		Shaw Island School District	1	0	1
		Shelton School District	10	12	22
		Shoreline School District	25	24	49
		Snohomish School District	14	31	45
		Soap Lake School District	4	10	14
		South Bend School District	4	8	12
		South Whidbey School District	2	1	3
		Spokane School District	10	20	30
		Sprague School District	2	0	2
		Stanwood-Camano School District	3	6	9
		Steilacoom Hist. School District	1	2	3
		Sultan School District	1	1	2
		Sumner School District	38	54	92
		Sunnyside School District	15	37	52
		Tacoma School District	43	85	128
		Tahoma School District	2	4	6
		Tekoa School District	3	1	4
		Tenino School District	3	3	6
		Thorp School District	1	0	1
		Toledo School District	1	0	1

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Tonasket School District	5	6	11
		Toppenish School District	4	5	9
		Tukwila School District	4	2	6
		Tumwater School District	16	28	44
		Union Gap School District	6	3	9
		University Place School District	6	2	8
		Valley School District	3	5	8
		Vancouver School District	36	47	83
		Vashon Island School District	2	4	6
		Wahluke School District	1	0	1
		Walla Walla Public Schools	8	3	11
		Waterville School District	1	1	2
		Wellpinit School District	8	3	11
		Wenatchee School District	19	36	55
		West Valley School District (Spokane)	5	1	6
		West Valley School District (Yakima)	4	7	11
		White Pass School District	1	0	1
		White River School District	6	18	24
		Willapa Valley School District	**1**	**0**	**1**
		Wilson Creek School District	**1**	**3**	**4**
		Winlock School District	5	6	11
		Woodland School District	**5**	**8**	**13**
		Yakima School District	**7**	**12**	**19**
		Yelm School District	8	14	22
	Plan 280 Total		**1,540**	**2,200**	**3,740**
Benefit Package 019 Total			**1,540**	**2,200**	**3,740**
Benefit Package 020	**Plan 281**	Evergreen School District (Clark)	97	44	141
	Plan 281 Total		**97**	**44**	**141**
Benefit Package 020 Total			**97**	**44**	**141**
Benefit Package 021	**Plan 282**	Evergreen School District (Clark)	90	41	131
	Plan 282 Total		**90**	**41**	**131**
Benefit Package 021 Total			**90**	**41**	**131**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 022	**Plan 283**	Evergreen School District (Clark)	493	585	1,078
	Plan 283 Total		493	585	1,078
Benefit Package 022 Total			493	585	1,078
Benefit Package 024	**Plan 285**	Evergreen School District (Clark)	32	50	82
	Plan 285 Total		32	50	82
Benefit Package 024 Total			32	50	82
Benefit Package 025	**Plan 289**	Anacortes School District	2	7	9
		Arlington School District	4	13	17
		Auburn School District	8	14	22
		Bainbridge Island School District	5	8	13
		Battle Ground School District	14	26	40
		Bellevue School District	15	19	34
		Bethel School District	17	40	57
		Bremerton School District	5	5	10
		Bridgeport School District	1	1	2
		Burlington-Edison School District	9	13	22
		Camas School District	6	13	19
		Cascade School District	3	3	6
		Castle Rock School District	1	3	4
		Central Kitsap School District	5	9	14
		Central Valley School District	5	16	21
		Centralia School District	6	9	15
		Chehalis School District	2	4	6
		Cheney School District	2	6	8
		Chewelah School District	6	8	14
		Chimacum School District	0	0	0
		Clarkston School District	2	6	8
		Cle Elum-Roslyn School District	1	1	2
		Clover Park School District	3	8	11
		College Place School District	0	0	0
		Colville School District	5	6	11
		Concrete School District	3	2	5

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Dayton School District	1	0	1
		Dieringer School District	2	2	4
		East Valley School District (Spokane)	7	12	19
		East Valley School District (Yakima)	2	2	4
		Eastmont School District	3	3	6
		Eatonville School District	2	4	6
		Edmonds School District	9	15	24
		Ellensburg School District	7	9	16
		Entiat School District	1	2	3
		Enumclaw School District	1	4	5
		Ephrata School District	1	1	2
		Everett School District	5	3	8
		Evergreen School District (Clark)	25	39	64
		Federal Way School District	35	68	103
		Ferndale School District	1	2	3
		Fife School District	1	2	3
		Finley School District	2	10	12
		Franklin Pierce School District	3	3	6
		Garfield School District	2	0	2
		Grandview School District	3	4	7
		Granite Falls School District	3	13	16
		Green Mountain School District	4	10	14
		Highland School District	1	4	5
		Highline School District	2	4	6
		Hood Canal School District	0	0	0
		Hoquiam School District	1	3	4
		Issaquah School District	9	14	23
		Kalama School District	1	2	3
		Kelso School District	4	12	16
		Kennewick School District	5	9	14
		Kent School District	6	13	19
		La Conner School District	7	10	17

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Lake Chelan School District	1	1	2
		Lake Stevens School District	0	0	0
		Lake Washington School District	21	37	58
		Lakewood School District	0	1	1
		Longview School District	5	15	20
		Lopez School District	2	1	3
		Mabton School District	0	0	0
		Manson School District	2	1	3
		Marysville School District	0	0	0
		Mead School District	8	16	24
		Mercer Island School District	4	9	13
		Methow Valley School District	0	0	0
		Monroe School District	7	13	20
		Montesano School District	1	4	5
		Moses Lake School District	1	1	2
		Mossyrock School District	2	3	5
		Mount Adams School District	1	3	4
		Mount Vernon School District	10	12	22
		Mukilteo School District	21	41	62
		Napavine School District	1	3	4
		Nespelem School District	1	1	2
		Newport School District	1	0	1
		North Beach School District	1	3	4
		North Franklin School District	23	54	77
		North Kitsap School District	1	3	4
		North Mason School District	5	8	13
		North Thurston Public Schools	22	40	62
		Oak Harbor School District	2	0	2
		Oakesdale School District	0	0	0
		Oakville School District	0	0	0
		Olympia School District	11	21	32
		Omak School District	4	6	10

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Onalaska School District	4	6	10
		Orting School District	3	5	8
		Othello School District	3	5	8
		Pasco School District	5	17	22
		Pateros School District	0	1	1
		Pe Ell School District	0	0	0
		Peninsula School District	11	23	34
		Pioneer School District	2	7	9
		Port Angeles School District	3	4	7
		Prescott School District	1	0	1
		Prosser School District	0	0	0
		Quincy School District	1	4	5
		Raymond School District	1	6	7
		Renton School District	10	10	20
		Richland School District	2	4	6
		Ridgefield School District	3	5	8
		Riverview School District	5	9	14
		Rochester School District	3	8	11
		Rosalia School District	0	0	0
		Royal School District	3	10	13
		Sedro-Woolley School District	12	14	26
		Selah School District	2	1	3
		Selkirk School District	2	3	5
		Sequim School District	7	12	19
		Shoreline School District	8	6	14
		Snohomish School District	3	8	11
		South Whidbey School District	1	2	3
		Spokane School District	52	82	134
		Stanwood-Camano School District	0	0	0
		Steilacoom Hist. School District	4	9	13
		Sultan School District	1	4	5
		Sumner School District	4	6	10

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Sunnyside School District	1	1	2
		Tacoma School District	0	1	1
		Taholah School District	1	1	2
		Tahoma School District	4	13	17
		Tenino School District	3	1	4
		Toledo School District	0	0	0
		Tonasket School District	0	0	0
		Toutle Lake School District	3	9	12
		Tukwila School District	3	4	7
		Tumwater School District	6	5	11
		Union Gap School District	0	0	0
		University Place School District	11	31	42
		Valley School District	1	1	2
		Vancouver School District	11	26	37
		Vashon Island School District	0	0	0
		Wahluke School District	4	6	10
		Waitsburg School District	1	2	3
		Walla Walla Public Schools	2	5	7
		Wenatchee School District	8	10	18
		West Valley School District (Spokane)	**3**	**5**	**8**
		West Valley School District (Yakima)	**4**	**11**	**15**
		White Pass School District	3	2	5
		White River School District	**5**	**7**	**12**
		Woodland School District	**2**	**2**	**4**
		Yelm School District	4	9	13
	Plan 289 Total		**680**	**1,239**	**1,919**
Benefit Package 025 Total			**680**	**1,239**	**1,919**
Benefit Package 027	**Plan 294**	Kelso School District	128	100	228
	Plan 294 Total		**128**	**100**	**228**
Benefit Package 027 Total			**128**	**100**	**228**
Benefit Package 029	**Plan 300**	Battle Ground School District	467	565	1,032
	Plan 300 Total		**467**	**565**	**1,032**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 029 Total			**467**	**565**	**1,032**
Benefit Package 030	**Plan 301**	Evergreen School District (Clark)	482	517	999
	Plan 301 Total		**482**	**517**	**999**
Benefit Package 030 Total			**482**	**517**	**999**
Benefit Package 031	**Plan 302**	Vancouver School District	844	796	1,640
	Plan 302 Total		**844**	**796**	**1,640**
Benefit Package 031 Total			**844**	**796**	**1,640**
Benefit Package 032	**Plan 303**	Camas School District	307	358	665
	Plan 303 Total		**307**	**358**	**665**
Benefit Package 032 Total			**307**	**358**	**665**
Benefit Package 033	**Plan 306**	Longview School District	251	166	417
	Plan 306 Total		**251**	**166**	**417**
Benefit Package 033 Total			251	166	417
Benefit Package 034	**Plan 308**	**Woodland School District**	**105**	**78**	**183**
	Plan 308 Total		105	78	183
Benefit Package 034 Total			**105**	**78**	**183**
Benefit Package 038	**Plan 292**	**Hockinson School District**	**66**	**84**	**150**
	Plan 292 Total		66	84	150
	Plan 293	**La Center School District**	**39**	**50**	**89**
	Plan 293 Total		39	50	89
	Plan 298	**Skamania School District**	**38**	**39**	**77**
	Plan 298 Total		38	39	77
Benefit Package 038 Total			**143**	**173**	**316**
Benefit Package 039	**Plan 304**	Kalama School District	35	47	82
	Plan 304 Total		**35**	**47**	**82**
	Plan 305	**Ridgefield School District**	**74**	**88**	**162**
	Plan 305 Total		74	88	162
	Plan 310	Evergreen School District (Clark)	13	16	29
	Plan 310 Total		13	16	29
	Plan 311	Washougal School District	99	48	147
	Plan 311 Total		99	48	147
Benefit Package 039 Total			221	199	420

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Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 040	**Plan 315**	Central Valley School District	41	4	45
		East Valley School District (Spokane)	2	0	2
		Freeman School District	**2**	**0**	**2**
		Liberty School District	**2**	**1**	**3**
		Medical Lake School District	5	3	8
		Riverside School District	**14**	**10**	**24**
		Star School District	**3**	**2**	**5**
		West Valley School District (Spokane)	43	18	61
	Plan 315 Total		**112**	**38**	**150**
Benefit Package 040 Total			**112**	**38**	**150**
Benefit Package 043	**Plan 318**	Deer Park School District	22	4	26
	Plan 318 Total		22	4	26
Benefit Package 043 Total			22	4	26
Benefit Package 044	**Plan 317**	Spokane School District	534	354	888
	Plan 317 Total		534	354	888
Benefit Package 044 Total			534	354	888
Benefit Package 045	**Plan 319**	Central Valley School District	50	21	71
		East Valley School District (Spokane)	3	0	3
		Freeman School District	**3**	**0**	**3**
		Liberty School District	**2**	**1**	**3**
		Medical Lake School District	13	9	22
		Riverside School District	9	4	13
		Star School District	1	0	1
		West Valley School District (Spokane)	25	21	46
	Plan 319 Total		106	56	162
Benefit Package 045 Total			106	56	162
Benefit Package 046	**Plan 320**	Central Valley School District	26	23	49
		Freeman School District	**5**	**8**	**13**
		Liberty School District	**7**	**3**	**10**
		Medical Lake School District	15	14	29
		Riverside School District	**12**	**1**	**13**
		Star School District	**1**	**3**	**4**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		West Valley School District (Spokane)	26	25	51
	Plan 320 Total		**92**	**77**	**169**
Benefit Package 046 Total			**92**	**77**	**169**
Benefit Package 047	**Plan 321**	Deer Park School District	18	11	29
	Plan 321 Total		**18**	**11**	**29**
Benefit Package 047 Total			**18**	**11**	**29**
Benefit Package 048	**Plan 322**	Deer Park School District	27	23	50
	Plan 322 Total		**27**	**23**	**50**
Benefit Package 048 Total			**27**	**23**	**50**
Benefit Package 049	**Plan 324**	Bainbridge Island School District	33	20	53
	Plan 324 Total		**33**	**20**	**53**
Benefit Package 049 Total			**33**	**20**	**53**
Benefit Package 050	**Plan 325**	Bainbridge Island School District	56	105	161
	Plan 325 Total		**56**	**105**	**161**
Benefit Package 050 Total			**56**	**105**	**161**
Benefit Package 051	**Plan 326**	Bainbridge Island School District	8	3	11
	Plan 326 Total		**8**	**3**	**11**
Benefit Package 051 Total			**8**	**3**	**11**
Benefit Package 052	**Plan 327**	Bainbridge Island School District	3	1	4
	Plan 327 Total		**3**	**1**	**4**
Benefit Package 052 Total			**3**	**1**	**4**
Benefit Package 053	**Plan 328**	Chimacum School District	4	2	6
	Plan 328 Total		**4**	**2**	**6**
Benefit Package 053 Total			**4**	**2**	**6**
Benefit Package 056	**Plan 332**	North Thurston Public Schools	78	109	187
	Plan 332 Total		**78**	**109**	**187**
Benefit Package 056 Total			**78**	**109**	**187**
Benefit Package 057	**Plan 334**	North Thurston Public Schools	17	24	41
	Plan 334 Total		**17**	**24**	**41**
Benefit Package 057 Total			17	24	41
Benefit Package 058	**Plan 335**	**North Thurston Public Schools**	**35**	**57**	**92**
	Plan 335 Total		**35**	**57**	**92**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 058 Total			35	57	92
Benefit Package 059	**Plan 336**	**Bremerton School District**	**72**	**37**	**109**
	Plan 336 Total		72	37	109
	Plan 337	**North Mason School District**	**31**	**11**	**42**
	Plan 337 Total		**31**	**11**	**42**
Benefit Package 059 Total			103	48	151
Benefit Package 060	**Plan 338**	**Bremerton School District**	**40**	**31**	**71**
	Plan 338 Total		40	31	71
	Plan 339	**North Mason School District**	**32**	**36**	**68**
	Plan 339 Total		**32**	**36**	**68**
Benefit Package 060 Total			72	67	139
Benefit Package 061	**Plan 340**	**Bremerton School District**	**43**	**58**	**101**
	Plan 340 Total		43	58	101
	Plan 341	**North Mason School District**	**2**	**2**	**4**
	Plan 341 Total		**2**	**2**	**4**
Benefit Package 061 Total			45	60	105
Benefit Package 062	**Plan 342**	**Bremerton School District**	**16**	**22**	**38**
	Plan 342 Total		**16**	**22**	**38**
	Plan 343	North Mason School District	3	5	8
	Plan 343 Total		**3**	**5**	**8**
Benefit Package 062 Total			**19**	**27**	**46**
Benefit Package 063	**Plan 344**	Seattle Public Schools	886	764	1,650
	Plan 344 Total		886	764	1,650
Benefit Package 063 Total			886	764	1,650
Benefit Package 064	**Plan 345**	Seattle Public Schools	197	239	436
	Plan 345 Total		197	239	436
Benefit Package 064 Total			197	239	436
Benefit Package 065	**Plan 286**	Almira School District	0	0	0
		Anacortes School District	0	0	0
		Bellevue School District	0	0	0
		Benge School District	0	0	0
		Bridgeport School District	0	0	0

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Burlington-Edison School District	0	0	0
		Cashmere School District	0	0	0
		Chimacum School District	0	0	0
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	0	0	0
		Coulee-Hartline School District	0	0	0
		Creston School District	0	0	0
		Cusick School District	0	0	0
		Darrington School District	0	0	0
		Easton School District	0	0	0
		Ellensburg School District	0	0	0
		Elma School District	0	0	0
		Endicott School District	0	0	0
		Entiat School District	0	0	0
		Ephrata School District	0	0	0
		Harrington School District	0	0	0
		Highland School District	0	0	0
		Kittitas School District	0	0	0
		LaCrosse School District	0	0	0
		Mansfield School District	0	0	0
		Mary Walker School District	0	0	0
		Meridian School District	0	0	0
		Mount Vernon School District	0	0	0
		Mukilteo School District	0	0	0
		Naches Valley School District	0	0	0
		Northport School District	0	0	0
		Oakesdale School District	0	0	0
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Onion Creek School District	0	0	0
		Orchard Prairie School District	0	0	0
		Orient School District	0	0	0

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Orting School District	1	3	4
		Palisades School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Ritzville School District	0	0	0
		Sedro-Woolley School District	0	0	0
		St. John School District	0	0	0
		Steptoe School District	0	0	0
		Summit Valley School District	0	0	0
		Wahkiakum School District	**0**	**0**	**0**
		Wahluke School District	0	0	0
		Warden School District	0	0	0
		West Valley School District (Yakima)	0	0	0
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
	Plan 286 Total		1	3	4
	Plan 287	Almira School District	0	0	0
		Anacortes School District	0	0	0
		Bellevue School District	10	15	25
		Benge School District	0	0	0
		Bridgeport School District	0	0	0
		Burlington-Edison School District	6	19	25
		Cashmere School District	0	0	0
		Chimacum School District	0	0	0
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	14	4	18
		Coulee-Hartline School District	0	0	0
		Creston School District	0	0	0
		Cusick School District	0	0	0
		Darrington School District	23	35	58
		Easton School District	2	3	5
		Ellensburg School District	4	2	6

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Elma School District	1	0	1
		Endicott School District	3	7	10
		Entiat School District	0	0	0
		Ephrata School District	0	0	0
		Harrington School District	1	4	5
		Highland School District	6	10	16
		Kittitas School District	10	15	25
		LaCrosse School District	0	0	0
		Mansfield School District	0	0	0
		Mary Walker School District	5	9	14
		Meridian School District	7	5	12
		Mount Vernon School District	3	2	5
		Mukilteo School District	6	1	7
		Naches Valley School District	0	0	0
		Northport School District	0	0	0
		Oakesdale School District	6	13	19
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Onion Creek School District	0	0	0
		Orchard Prairie School District	5	0	5
		Orient School District	0	0	0
		Orting School District	0	0	0
		Palisades School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Ritzville School District	0	0	0
		Sedro-Woolley School District	0	0	0
		St. John School District	3	7	10
		Steptoe School District	5	16	21
		Summit Valley School District	0	0	0
		Wahkiakum School District	**0**	**0**	**0**
		Wahluke School District	0	0	0

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Warden School District	0	0	0
		West Valley School District (Yakima)	18	14	32
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
	Plan 287 Total		138	181	319
	Plan 288	Almira School District	0	0	0
		Anacortes School District	0	0	0
		Bellevue School District	3	1	4
		Benge School District	0	0	0
		Bridgeport School District	0	0	0
		Burlington-Edison School District	5	20	25
		Cashmere School District	0	0	0
		Chimacum School District	0	0	0
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	1	3	4
		Coulee-Hartline School District	0	0	0
		Creston School District	0	0	0
		Cusick School District	2	2	4
		Darrington School District	8	15	23
		Easton School District	3	1	4
		Ellensburg School District	0	0	0
		Elma School District	0	0	0
		Endicott School District	6	17	23
		Entiat School District	0	0	0
		Ephrata School District	0	0	0
		Harrington School District	0	0	0
		Highland School District	3	8	11
		Kittitas School District	30	51	81
		LaCrosse School District	0	0	0
		Mansfield School District	0	0	0
		Mary Walker School District	2	2	4
		Meridian School District	5	14	19

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mount Vernon School District	11	19	30
		Mukilteo School District	2	6	8
		Naches Valley School District	0	0	0
		Northport School District	0	0	0
		Oakesdale School District	4	8	12
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Onion Creek School District	0	0	0
		Orchard Prairie School District	3	2	5
		Orient School District	0	0	0
		Orting School District	1	4	5
		Palisades School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Ritzville School District	0	0	0
		Sedro-Woolley School District	0	0	0
		St. John School District	8	13	21
		Steptoe School District	3	2	5
		Summit Valley School District	0	0	0
		Wahkiakum School District	**0**	**0**	**0**
		Wahluke School District	4	2	6
		Warden School District	0	0	0
		West Valley School District (Yakima)	15	17	32
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
	Plan 288 Total		119	207	326
	Plan 346	Almira School District	2	5	7
		Anacortes School District	0	0	0
		Bellevue School District	0	0	0
		Benge School District	0	0	0
		Bridgeport School District	0	0	0
		Burlington-Edison School District	1	3	4

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Cashmere School District	26	54	80
		Chimacum School District	0	0	0
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	0	0	0
		Coulee-Hartline School District	1	0	1
		Creston School District	0	0	0
		Cusick School District	1	3	4
		Darrington School District	2	5	7
		Easton School District	0	0	0
		Ellensburg School District	1	3	4
		Elma School District	0	0	0
		Endicott School District	0	0	0
		Entiat School District	0	0	0
		Ephrata School District	0	0	0
		Harrington School District	1	0	1
		Highland School District	0	0	0
		Kittitas School District	1	1	2
		LaCrosse School District	1	3	4
		Mansfield School District	0	0	0
		Mary Walker School District	0	0	0
		Meridian School District	1	0	1
		Mount Vernon School District	0	0	0
		Mukilteo School District	1	0	1
		Naches Valley School District	0	0	0
		Northport School District	0	0	0
		Oakesdale School District	0	0	0
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Onion Creek School District	0	0	0
		Orchard Prairie School District	0	0	0
		Orient School District	0	0	0
		Orting School District	5	4	9

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Palisades School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Ritzville School District	1	1	2
		Sedro-Woolley School District	0	0	0
		St. John School District	1	4	5
		Steptoe School District	0	0	0
		Summit Valley School District	0	0	0
		Wahkiakum School District	**0**	**0**	**0**
		Wahluke School District	0	0	0
		Warden School District	6	7	13
		West Valley School District (Yakima)	0	0	0
		Wilbur School District	0	0	0
		Wilson Creek School District	0	0	0
	Plan 346 Total		52	93	145
	Plan 347	Almira School District	17	30	47
		Anacortes School District	9	16	25
		Bellevue School District	19	24	43
		Benge School District	0	0	0
		Bridgeport School District	1	1	2
		Burlington-Edison School District	4	3	7
		Cashmere School District	107	180	287
		Chimacum School District	9	6	15
		Cle Elum-Roslyn School District	5	12	17
		Colfax School District	2	5	7
		Coulee-Hartline School District	30	48	78
		Creston School District	0	0	0
		Cusick School District	18	24	42
		Darrington School District	16	23	39
		Easton School District	15	17	32
		Ellensburg School District	21	28	49
		Elma School District	16	41	57

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Endicott School District	4	9	13
		Entiat School District	22	30	52
		Ephrata School District	19	41	60
		Harrington School District	18	31	49
		Highland School District	0	0	0
		Kittitas School District	34	59	93
		LaCrosse School District	1	1	2
		Mansfield School District	22	42	64
		Mary Walker School District	27	58	85
		Meridian School District	2	2	4
		Mount Vernon School District	11	19	30
		Mukilteo School District	12	7	19
		Naches Valley School District	1	1	2
		Northport School District	0	0	0
		Oakesdale School District	1	2	3
		Odessa School District	2	4	6
		Okanogan School District	26	17	43
		Onion Creek School District	12	15	27
		Orchard Prairie School District	1	0	1
		Orient School District	13	11	24
		Orting School District	14	22	36
		Palisades School District	7	11	18
		Quincy School District	22	33	55
		Republic School District	3	9	12
		Ritzville School District	41	78	119
		Sedro-Woolley School District	0	0	0
		St. John School District	10	15	25
		Steptoe School District	0	0	0
		Summit Valley School District	11	7	18
		Wahkiakum School District	**36**	**71**	**107**
		Wahluke School District	81	30	111
		Warden School District	98	164	262

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		West Valley School District (Yakima)	20	36	56
		Wilbur School District	20	20	40
		Wilson Creek School District	19	16	35
	Plan 347 Total		899	1,319	2,218
	Plan 704	Almira School District	0	0	0
		Anacortes School District	0	0	0
		Bellevue School District	0	0	0
		Benge School District	0	0	0
		Bridgeport School District	0	0	0
		Burlington-Edison School District	0	0	0
		Cashmere School District	0	0	0
		Chimacum School District	0	0	0
		Cle Elum-Roslyn School District	0	0	0
		Colfax School District	0	0	0
		Coulee-Hartline School District	0	0	0
		Creston School District	0	0	0
		Cusick School District	0	0	0
		Darrington School District	0	0	0
		Easton School District	0	0	0
		Ellensburg School District	0	0	0
		Elma School District	0	0	0
		Endicott School District	0	0	0
		Entiat School District	0	0	0
		Ephrata School District	0	0	0
		Harrington School District	0	0	0
		Highland School District	0	0	0
		Kittitas School District	0	0	0
		LaCrosse School District	0	0	0
		Mansfield School District	0	0	0
		Mary Walker School District	0	0	0
		Meridian School District	0	0	0
		Mount Vernon School District	0	0	0

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mukilteo School District	0	0	0
		Naches Valley School District	0	0	0
		Northport School District	0	0	0
		Oakesdale School District	0	0	0
		Odessa School District	0	0	0
		Okanogan School District	0	0	0
		Onion Creek School District	0	0	0
		Orchard Prairie School District	0	0	0
		Orient School District	0	0	0
		Orting School District	0	0	0
		Palisades School District	0	0	0
		Quincy School District	0	0	0
		Republic School District	0	0	0
		Ritzville School District	0	0	0
		Sedro-Woolley School District	0	0	0
		St. John School District	0	0	0
		Steptoe School District	0	0	0
		Summit Valley School District	0	0	0
		Wahkiakum School District	**8**	**17**	**25**
		Wahluke School District	**0**	**0**	**0**
		Warden School District	0	0	0
		West Valley School District (Yakima)	**0**	**0**	**0**
		Wilbur School District	0	0	0
		Wilson Creek School District	**0**	**0**	**0**
	Plan 704 Total		8	17	25
Benefit Package 065 Total			**1,217**	**1,820**	**3,037**
Benefit Package 066	**Plan 513**	Toppenish School District	39	45	84
	Plan 513 Total		**39**	**45**	**84**
	Plan 514	Wapato School District	87	151	238
	Plan 514 Total		**87**	**151**	**238**
	Plan 515	West Valley School District (Spokane)	13	15	28
	Plan 515 Total		**13**	**15**	**28**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 516	Yakima School District	23	36	59
	Plan 516 Total		**23**	**36**	**59**
	Plan 517	Zillah School District	43	78	121
	Plan 517 Total		**43**	**78**	**121**
	Plan 518	Wahluke School District	27	33	60
	Plan 518 Total		**27**	**33**	**60**
	Plan 537	Granger School District	1	0	1
	Plan 537 Total		**1**	**0**	**1**
	Plan 538	Granger School District	1	2	3
	Plan 538 Total		**1**	**2**	**3**
	Plan 539	Mount Adams School District	0	0	0
	Plan 539 Total		**0**	**0**	**0**
	Plan 540	Mount Adams School District	0	0	0
	Plan 540 Total		**0**	**0**	**0**
	Plan 541	Naches Valley School District	1	0	1
	Plan 541 Total		**1**	**0**	**1**
	Plan 542	Naches Valley School District	0	0	0
	Plan 542 Total		**0**	**0**	**0**
	Plan 543	Toppenish School District	2	0	2
	Plan 543 Total		**2**	**0**	**2**
	Plan 544	Toppenish School District	0	0	0
	Plan 544 Total		**0**	**0**	**0**
	Plan 545	Wapato School District	3	0	3
	Plan 545 Total		**3**	**0**	**3**
	Plan 546	Wapato School District	0	0	0
	Plan 546 Total		**0**	**0**	**0**
	Plan 547	West Valley School District (Spokane)	1	0	1
	Plan 547 Total		**1**	**0**	**1**
	Plan 548	West Valley School District (Spokane)	0	0	0
	Plan 548 Total		**0**	**0**	**0**
	Plan 549	Yakima School District	3	0	3
	Plan 549 Total		**3**	**0**	**3**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 550	Yakima School District	1	1	2
	Plan 550 Total		**1**	**1**	**2**
	Plan 551	Zillah School District	4	0	4
	Plan 551 Total		**4**	**0**	**4**
	Plan 552	Zillah School District	1	1	2
	Plan 552 Total		**1**	**1**	**2**
	Plan 577	Granger School District	7	15	22
	Plan 577 Total		**7**	**15**	**22**
	Plan 578	Mount Adams School District	8	7	15
	Plan 578 Total		**8**	**7**	**15**
	Plan 590	**Naches Valley School District**	**11**	**9**	**20**
	Plan 590 Total		11	9	20
	Plan 675	**Spokane School District**	**443**	**450**	**893**
	Plan 675 Total		443	450	893
	Plan 676	**Spokane School District**	**117**	**205**	**322**
	Plan 676 Total		117	205	322
Benefit Package 066 Total			**836**	**1,048**	**1,884**
Benefit Package 067	**Plan 433**	Kent School District	506	424	930
	Plan 433 Total		**506**	**424**	**930**
	Plan 450	Griffin School District	12	9	21
	Plan 450 Total		**12**	**9**	**21**
	Plan 485	Snoqualmie Valley School District	21	24	45
	Plan 485 Total		**21**	**24**	**45**
	Plan 509	Ferndale School District	10	11	21
	Plan 509 Total		**10**	**11**	**21**
	Plan 553	Kent School District	0	0	0
	Plan 553 Total		**0**	**0**	**0**
	Plan 576	Newport School District	1	3	4
	Plan 576 Total		**1**	**3**	**4**
	Plan 613	Nine Mile Falls School District	8	11	19
	Plan 613 Total		**8**	**11**	**19**
	Plan 614	Nine Mile Falls School District	24	51	75

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 614 Total		**24**	**51**	**75**
	Plan 615	Deer Park School District	54	94	148
	Plan 615 Total		**54**	**94**	**148**
	Plan 616	Freeman School District	17	23	40
	Plan 616 Total		**17**	**23**	**40**
	Plan 619	Medical Lake School District	24	54	78
	Plan 619 Total		**24**	**54**	**78**
	Plan 625	Riverside School District	22	34	56
	Plan 625 Total		**22**	**34**	**56**
	Plan 630	Central Valley School District	84	115	199
	Plan 630 Total		**84**	**115**	**199**
	Plan 650	**Pullman School District**	**54**	**96**	**150**
	Plan 650 Total		54	96	150
	Plan 652	**Cheney School District**	**49**	**77**	**126**
	Plan 652 Total		49	77	126
	Plan 667	**Bellevue School District**	**320**	**364**	**684**
	Plan 667 Total		320	364	684
Benefit Package 067 Total			**1,206**	**1,390**	**2,596**
Benefit Package 068	**Plan 429**	Everett School District	500	659	1,159
	Plan 429 Total		**500**	**659**	**1,159**
	Plan 677	Granger School District	1	0	1
	Plan 677 Total		**1**	**0**	**1**
	Plan 678	Mount Adams School District	0	0	0
	Plan 678 Total		**0**	**0**	**0**
	Plan 679	Naches Valley School District	0	0	0
	Plan 679 Total		**0**	**0**	**0**
	Plan 680	Toppenish School District	6	0	6
	Plan 680 Total		**6**	**0**	**6**
	Plan 681	Wapato School District	7	8	15
	Plan 681 Total		**7**	**8**	**15**
	Plan 682	**West Valley School District (Spokane)**	**0**	**0**	**0**
	Plan 682 Total		0	0	0

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 683	**Yakima School District**	**8**	**3**	**11**
	Plan 683 Total		8	3	11
	Plan 684	**Zillah School District**	**0**	**0**	**0**
	Plan 684 Total		0	0	0
Benefit Package 068 Total			**522**	**670**	**1,192**
Benefit Package 069	**Plan 426**	Centralia School District	17	10	27
	Plan 426 Total		**17**	**10**	**27**
	Plan 431	Elma School District	6	0	6
	Plan 431 Total		**6**	**0**	**6**
	Plan 439	Northshore School District	192	107	299
	Plan 439 Total		**192**	**107**	**299**
	Plan 443	Snoqualmie Valley School District	149	145	294
	Plan 443 Total		**149**	**145**	**294**
	Plan 444	Riverview School District	18	7	25
	Plan 444 Total		**18**	**7**	**25**
	Plan 453	Pioneer School District	25	17	42
	Plan 453 Total		**25**	**17**	**42**
	Plan 456	Steilacoom Hist. School District	72	55	127
	Plan 456 Total		**72**	**55**	**127**
	Plan 458	Orting School District	23	18	41
	Plan 458 Total		**23**	**18**	**41**
	Plan 494	Tumwater School District	144	75	219
	Plan 494 Total		**144**	**75**	**219**
	Plan 512	**Mount Vernon School District**	**142**	**167**	**309**
	Plan 512 Total		142	167	309
	Plan 663	**Shoreline School District**	**131**	**92**	**223**
	Plan 663 Total		131	92	223
	Plan 672	**Puyallup School District**	**165**	**206**	**371**
	Plan 672 Total		165	206	371
Benefit Package 069 Total			**1,084**	**899**	**1,983**
Benefit Package 070	**Plan 627**	Toppenish School District	76	17	93
	Plan 627 Total		**76**	**17**	**93**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 634	Granger School District	41	23	64
	Plan 634 Total		**41**	**23**	**64**
	Plan 635	Mount Adams School District	37	23	60
	Plan 635 Total		**37**	**23**	**60**
	Plan 637	Naches Valley School District	23	11	34
	Plan 637 Total		**23**	**11**	**34**
	Plan 640	Wapato School District	181	74	255
	Plan 640 Total		**181**	**74**	**255**
	Plan 642	**West Valley School District (Spokane)**	**9**	**1**	**10**
	Plan 642 Total		9	1	10
	Plan 644	**Yakima School District**	**88**	**35**	**123**
	Plan 644 Total		88	35	123
	Plan 646	**Zillah School District**	**46**	**17**	**63**
	Plan 646 Total		46	17	63
Benefit Package 070 Total			**501**	**201**	**702**
Benefit Package 071	**Plan 422**	Central Kitsap School District	296	245	541
	Plan 422 Total		**296**	**245**	**541**
	Plan 423	Arlington School District	37	44	81
	Plan 423 Total		**37**	**44**	**81**
	Plan 427	Eatonville School District	65	62	127
	Plan 427 Total		**65**	**62**	**127**
	Plan 428	Edmonds School District	542	615	1,157
	Plan 428 Total		**542**	**615**	**1,157**
	Plan 432	Issaquah School District	214	151	365
	Plan 432 Total		**214**	**151**	**365**
	Plan 436	Lake Stevens School District	110	93	203
	Plan 436 Total		**110**	**93**	**203**
	Plan 446	Snohomish School District	31	32	63
	Plan 446 Total		**31**	**32**	**63**
	Plan 448	Highline School District	554	419	973
	Plan 448 Total		**554**	**419**	**973**
	Plan 451	Bainbridge Island School District	51	36	87

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 451 Total		**51**	**36**	**87**
	Plan 467	Anacortes School District	5	7	12
	Plan 467 Total		**5**	**7**	**12**
	Plan 468	Napavine School District	15	17	32
	Plan 468 Total		**15**	**17**	**32**
	Plan 472	Mount Vernon School District	173	122	295
	Plan 472 Total		**173**	**122**	**295**
	Plan 473	Burlington-Edison School District	189	243	432
	Plan 473 Total		**189**	**243**	**432**
	Plan 476	Sedro-Woolley School District	18	10	28
	Plan 476 Total		**18**	**10**	**28**
	Plan 481	Fife School District	27	22	49
	Plan 481 Total		**27**	**22**	**49**
	Plan 484	Oak Harbor School District	42	32	74
	Plan 484 Total		**42**	**32**	**74**
	Plan 486	Bellingham School District	35	26	61
	Plan 486 Total		**35**	**26**	**61**
	Plan 487	Blaine School District	17	20	37
	Plan 487 Total		**17**	**20**	**37**
	Plan 488	Ferndale School District	32	23	55
	Plan 488 Total		**32**	**23**	**55**
	Plan 489	Lynden School District	7	6	13
	Plan 489 Total		**7**	**6**	**13**
	Plan 490	Meridian School District	28	18	46
	Plan 490 Total		**28**	**18**	**46**
	Plan 491	Mount Baker School District	20	17	37
	Plan 491 Total		**20**	**17**	**37**
	Plan 492	Nooksack Valley School District	22	22	44
	Plan 492 Total		**22**	**22**	**44**
	Plan 493	Mount Vernon School District	47	59	106
	Plan 493 Total		**47**	**59**	**106**
	Plan 499	Burlington-Edison School District	39	59	98

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 499 Total		**39**	**59**	**98**
	Plan 501	Shelton School District	32	14	46
	Plan 501 Total		**32**	**14**	**46**
	Plan 502	Shelton School District	59	46	105
	Plan 502 Total		**59**	**46**	**105**
	Plan 504	Bellingham School District	36	32	68
	Plan 504 Total		**36**	**32**	**68**
	Plan 505	Onalaska School District	2	2	4
	Plan 505 Total		**2**	**2**	**4**
	Plan 506	Stanwood-Camano School District	113	84	197
	Plan 506 Total		**113**	**84**	**197**
	Plan 507	Bainbridge Island School District	11	18	29
	Plan 507 Total		**11**	**18**	**29**
	Plan 565	Selah School District	74	59	133
	Plan 565 Total		**74**	**59**	**133**
	Plan 566	Sunnyside School District	70	70	140
	Plan 566 Total		**70**	**70**	**140**
	Plan 567	Naches Valley School District	6	4	10
	Plan 567 Total		**6**	**4**	**10**
	Plan 569	Liberty School District	24	33	57
	Plan 569 Total		**24**	**33**	**57**
	Plan 579	Columbia (Walla Walla) School District	7	10	17
	Plan 579 Total		**7**	**10**	**17**
	Plan 580	Kiona-Benton City School District	21	13	34
	Plan 580 Total		**21**	**13**	**34**
	Plan 581	Kennewick School District	141	138	279
	Plan 581 Total		**141**	**138**	**279**
	Plan 582	Finley School District	14	13	27
	Plan 582 Total		**14**	**13**	**27**
	Plan 584	Prosser School District	79	100	179
	Plan 584 Total		**79**	**100**	**179**
	Plan 585	Richland School District	141	110	251

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 585 Total		**141**	**110**	**251**
	Plan 587	Highland School District	35	31	66
	Plan 587 Total		**35**	**31**	**66**
	Plan 588	Toppenish School District	25	28	53
	Plan 588 Total		**25**	**28**	**53**
	Plan 589	East Valley School District (Yakima)	69	56	125
	Plan 589 Total		**69**	**56**	**125**
	Plan 591	West Valley School District (Spokane)	36	38	74
	Plan 591 Total		**36**	**38**	**74**
	Plan 593	Walla Walla Public Schools	125	122	247
	Plan 593 Total		**125**	**122**	**247**
	Plan 598	Cle Elum-Roslyn School District	7	16	23
	Plan 598 Total		**7**	**16**	**23**
	Plan 606	North Franklin School District	14	20	34
	Plan 606 Total		**14**	**20**	**34**
	Plan 609	Touchet School District	11	13	24
	Plan 609 Total		**11**	**13**	**24**
	Plan 610	Dixie School District	6	5	11
	Plan 610 Total		**6**	**5**	**11**
	Plan 611	Rosalia School District	4	5	9
	Plan 611 Total		**4**	**5**	**9**
	Plan 612	Colfax School District	11	12	23
	Plan 612 Total		**11**	**12**	**23**
	Plan 617	Tekoa School District	6	7	13
	Plan 617 Total		**6**	**7**	**13**
	Plan 620	Fife School District	0	0	0
	Plan 620 Total		**0**	**0**	**0**
	Plan 621	Dayton School District	1	1	2
	Plan 621 Total		**1**	**1**	**2**
	Plan 622	Dayton School District	6	14	20
	Plan 622 Total		**6**	**14**	**20**
	Plan 629	Colfax School District	2	0	2

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 629 Total		**2**	**0**	**2**
	Plan 655	University Place School District	3	4	7
	Plan 655 Total		**3**	**4**	**7**
	Plan 656	Prescott School District	8	4	12
	Plan 656 Total		**8**	**4**	**12**
	Plan 657	Marysville School District	86	105	191
	Plan 657 Total		**86**	**105**	**191**
	Plan 661	Mukilteo School District	159	134	293
	Plan 661 Total		**159**	**134**	**293**
	Plan 664	Marysville School District	72	47	119
	Plan 664 Total		**72**	**47**	**119**
	Plan 665	**Mukilteo School District**	**268**	**321**	**589**
	Plan 665 Total		268	321	589
	Plan 666	**Tukwila School District**	**58**	**50**	**108**
	Plan 666 Total		58	50	108
	Plan 687	**Cheney School District**	**12**	**15**	**27**
	Plan 687 Total		12	15	27
Benefit Package 071 Total			**4,470**	**4,194**	**8,664**
Benefit Package 072	**Plan 418**	Dieringer School District	1	0	1
	Plan 418 Total		**1**	**0**	**1**
	Plan 420	North Thurston Public Schools	436	380	816
	Plan 420 Total		**436**	**380**	**816**
	Plan 421	Rochester School District	39	38	77
	Plan 421 Total		**39**	**38**	**77**
	Plan 424	Auburn School District	201	172	373
	Plan 424 Total		**201**	**172**	**373**
	Plan 430	Enumclaw School District	5	13	18
	Plan 430 Total		**5**	**13**	**18**
	Plan 434	Lake Washington School District	438	386	824
	Plan 434 Total		**438**	**386**	**824**
	Plan 437	Mercer Island School District	89	70	159
	Plan 437 Total		**89**	**70**	**159**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 438	Monroe School District	83	78	161
	Plan 438 Total		**83**	**78**	**161**
	Plan 440	North Kitsap School District	179	113	292
	Plan 440 Total		**179**	**113**	**292**
	Plan 441	Renton School District	297	170	467
	Plan 441 Total		**297**	**170**	**467**
	Plan 442	South Whidbey School District	28	26	54
	Plan 442 Total		**28**	**26**	**54**
	Plan 447	Tahoma School District	59	46	105
	Plan 447 Total		**59**	**46**	**105**
	Plan 454	Rainier School District	28	25	53
	Plan 454 Total		**28**	**25**	**53**
	Plan 455	Bremerton School District	178	94	272
	Plan 455 Total		**178**	**94**	**272**
	Plan 460	Franklin Pierce School District	159	71	230
	Plan 460 Total		**159**	**71**	**230**
	Plan 466	Mount Baker School District	9	0	9
	Plan 466 Total		**9**	**0**	**9**
	Plan 469	Lynden School District	0	0	0
	Plan 469 Total		**0**	**0**	**0**
	Plan 470	Bellingham School District	17	1	18
	Plan 470 Total		**17**	**1**	**18**
	Plan 471	Ferndale School District	14	1	15
	Plan 471 Total		**14**	**1**	**15**
	Plan 474	Nooksack Valley School District	1	0	1
	Plan 474 Total		**1**	**0**	**1**
	Plan 475	Meridian School District	13	10	23
	Plan 475 Total		**13**	**10**	**23**
	Plan 477	Shaw Island School District	2	2	4
	Plan 477 Total		**2**	**2**	**4**
	Plan 478	Lopez School District	34	38	72
	Plan 478 Total		**34**	**38**	**72**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 480	South Kitsap School District	125	95	220
	Plan 480 Total		**125**	**95**	**220**
	Plan 482	Blaine School District	10	6	16
	Plan 482 Total		**10**	**6**	**16**
	Plan 483	Tenino School District	24	22	46
	Plan 483 Total		**24**	**22**	**46**
	Plan 495	Coupeville School District	25	31	56
	Plan 495 Total		**25**	**31**	**56**
	Plan 496	San Juan Island School District	34	48	82
	Plan 496 Total		**34**	**48**	**82**
	Plan 497	Clover Park School District	241	170	411
	Plan 497 Total		**241**	**170**	**411**
	Plan 503	Bellingham School District	35	27	62
	Plan 503 Total		**35**	**27**	**62**
	Plan 510	Sumner School District	115	101	216
	Plan 510 Total		**115**	**101**	**216**
	Plan 660	Everett School District	1	2	3
	Plan 660 Total		**1**	**2**	**3**
	Plan 669	Seattle Public Schools	386	677	1,063
	Plan 669 Total		**386**	**677**	**1,063**
	Plan 671	**Puyallup School District**	**170**	**120**	**290**
	Plan 671 Total		170	120	290
	Plan 673	**Seattle Public Schools**	**50**	**0**	**50**
	Plan 673 Total		50	0	50
	Plan 674	**Seattle Public Schools**	**92**	**177**	**269**
	Plan 674 Total		92	177	269
Benefit Package 072 Total			**3,618**	**3,210**	**6,828**
Benefit Package 073	**Plan 557**	Spokane School District	318	438	756
	Plan 557 Total		**318**	**438**	**756**
	Plan 558	Spokane School District	79	132	211
	Plan 558 Total		**79**	**132**	**211**
	Plan 636	Mount Adams School District	8	16	24

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 636 Total		**8**	**16**	**24**
	Plan 638	Naches Valley School District	12	7	19
	Plan 638 Total		**12**	**7**	**19**
	Plan 639	Toppenish School District	38	46	84
	Plan 639 Total		**38**	**46**	**84**
	Plan 641	Wapato School District	83	134	217
	Plan 641 Total		**83**	**134**	**217**
	Plan 643	West Valley School District (Spokane)	8	5	13
	Plan 643 Total		**8**	**5**	**13**
	Plan 645	**Yakima School District**	**24**	**27**	**51**
	Plan 645 Total		24	27	51
	Plan 647	**Zillah School District**	**32**	**31**	**63**
	Plan 647 Total		32	31	63
	Plan 648	**Granger School District**	**24**	**31**	**55**
	Plan 648 Total		24	31	55
Benefit Package 073 Total			**626**	**867**	**1,493**
Benefit Package 074	**Plan 425**	Chehalis School District	2	0	2
	Plan 425 Total		**2**	**0**	**2**
	Plan 435	Lakewood School District	44	38	82
	Plan 435 Total		**44**	**38**	**82**
	Plan 445	Federal Way School District	452	304	756
	Plan 445 Total		**452**	**304**	**756**
	Plan 462	University Place School District	85	78	163
	Plan 462 Total		**85**	**78**	**163**
	Plan 463	Sultan School District	34	31	65
	Plan 463 Total		**34**	**31**	**65**
	Plan 465	Seattle Public Schools	0	0	0
	Plan 465 Total		**0**	**0**	**0**
	Plan 479	Orcas Island School District	29	32	61
	Plan 479 Total		**29**	**32**	**61**
	Plan 498	Bainbridge Island School District	3	4	7
	Plan 498 Total		**3**	**4**	**7**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 511	Omak School District	5	8	13
	Plan 511 Total		**5**	**8**	**13**
	Plan 528	Colfax School District	3	9	12
	Plan 528 Total		**3**	**9**	**12**
	Plan 554	Dayton School District	8	6	14
	Plan 554 Total		**8**	**6**	**14**
	Plan 560	Central Valley School District	109	135	244
	Plan 560 Total		**109**	**135**	**244**
	Plan 586	Grandview School District	0	0	0
	Plan 586 Total		**0**	**0**	**0**
	Plan 594	Rosalia School District	1	3	4
	Plan 594 Total		**1**	**3**	**4**
	Plan 599	Medical Lake School District	22	38	60
	Plan 599 Total		**22**	**38**	**60**
	Plan 600	Liberty School District	19	26	45
	Plan 600 Total		**19**	**26**	**45**
	Plan 601	West Valley School District (Spokane)	81	115	196
	Plan 601 Total		**81**	**115**	**196**
	Plan 602	Freeman School District	36	43	79
	Plan 602 Total		**36**	**43**	**79**
	Plan 603	Riverside School District	31	36	67
	Plan 603 Total		**31**	**36**	**67**
	Plan 604	Nine Mile Falls School District	18	38	56
	Plan 604 Total		**18**	**38**	**56**
	Plan 605	Nine Mile Falls School District	12	10	22
	Plan 605 Total		**12**	**10**	**22**
	Plan 618	LaCrosse School District	8	11	19
	Plan 618 Total		**8**	**11**	**19**
	Plan 624	Touchet School District	5	6	11
	Plan 624 Total		**5**	**6**	**11**
	Plan 626	Valley School District	1	3	4
	Plan 626 Total		**1**	**3**	**4**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 628	Columbia (Stevens) School District	5	8	13
	Plan 628 Total		**5**	**8**	**13**
	Plan 631	Ellensburg School District	26	43	69
	Plan 631 Total		**26**	**43**	**69**
	Plan 632	Pullman School District	73	69	142
	Plan 632 Total		**73**	**69**	**142**
	Plan 633	Deer Park School District	37	47	84
	Plan 633 Total		**37**	**47**	**84**
	Plan 649	Wahluke School District	3	6	9
	Plan 649 Total		**3**	**6**	**9**
	Plan 651	Cheney School District	30	45	75
	Plan 651 Total		**30**	**45**	**75**
	Plan 653	**Dixie School District**	**2**	**1**	**3**
	Plan 653 Total		2	1	3
	Plan 654	**Grandview School District**	**11**	**9**	**20**
	Plan 654 Total		11	9	20
	Plan 670	**Seattle Public Schools**	**1,526**	**1,061**	**2,587**
	Plan 670 Total		1,526	1,061	2,587
Benefit Package 074 Total			**2,721**	**2,263**	**4,984**
Benefit Package 075	**Plan 457**	Tacoma School District	289	289	578
	Plan 457 Total		**289**	**289**	**578**
	Plan 555	Spokane School District	490	465	955
	Plan 555 Total		**490**	**465**	**955**
	Plan 556	**Spokane School District**	**65**	**136**	**201**
	Plan 556 Total		65	136	201
	Plan 690	**Spokane School District**	**537**	**419**	**956**
	Plan 690 Total		537	419	956
	Plan 691	**Spokane School District**	**101**	**189**	**290**
	Plan 691 Total		101	189	290
Benefit Package 075 Total			**1,482**	**1,498**	**2,980**
Benefit Package 076	**Plan 419**	Olympia School District	220	113	333
	Plan 419 Total		**220**	**113**	**333**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 449	Vashon Island School District	44	28	72
	Plan 449 Total		**44**	**28**	**72**
	Plan 452	Yelm School District	152	131	283
	Plan 452 Total		**152**	**131**	**283**
	Plan 461	Peninsula School District	204	124	328
	Plan 461 Total		**204**	**124**	**328**
	Plan 464	North Mason School District	51	50	101
	Plan 464 Total		**51**	**50**	**101**
	Plan 500	North Thurston Public Schools	47	48	95
	Plan 500 Total		**47**	**48**	**95**
	Plan 508	Peninsula School District	72	84	156
	Plan 508 Total		**72**	**84**	**156**
	Plan 519	Olympia School District	0	0	0
	Plan 519 Total		**0**	**0**	**0**
	Plan 559	Central Valley School District	328	303	631
	Plan 559 Total		**328**	**303**	**631**
	Plan 561	Mead School District	203	244	447
	Plan 561 Total		**203**	**244**	**447**
	Plan 562	East Valley School District (Spokane)	145	108	253
	Plan 562 Total		**145**	**108**	**253**
	Plan 563	Freeman School District	21	17	38
	Plan 563 Total		**21**	**17**	**38**
	Plan 564	Prescott School District	1	0	1
	Plan 564 Total		**1**	**0**	**1**
	Plan 568	Deer Park School District	72	55	127
	Plan 568 Total		**72**	**55**	**127**
	Plan 570	Cheney School District	98	79	177
	Plan 570 Total		**98**	**79**	**177**
	Plan 571	Medical Lake School District	75	57	132
	Plan 571 Total		**75**	**57**	**132**
	Plan 572	Nine Mile Falls School District	7	18	25
	Plan 572 Total		**7**	**18**	**25**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 573	Nine Mile Falls School District	19	8	27
	Plan 573 Total		**19**	**8**	**27**
	Plan 574	Riverside School District	47	34	81
	Plan 574 Total		**47**	**34**	**81**
	Plan 575	West Valley School District (Spokane)	114	111	225
	Plan 575 Total		**114**	**111**	**225**
	Plan 583	Pasco School District	227	205	432
	Plan 583 Total		**227**	**205**	**432**
	Plan 592	Waitsburg School District	1	0	1
	Plan 592 Total		**1**	**0**	**1**
	Plan 595	Union Gap School District	6	3	9
	Plan 595 Total		**6**	**3**	**9**
	Plan 596	College Place School District	6	3	9
	Plan 596 Total		**6**	**3**	**9**
	Plan 597	Mount Adams School District	4	2	6
	Plan 597 Total		**4**	**2**	**6**
	Plan 607	Palouse School District	9	8	17
	Plan 607 Total		**9**	**8**	**17**
	Plan 608	Pullman School District	27	16	43
	Plan 608 Total		**27**	**16**	**43**
	Plan 623	Endicott School District	1	0	1
	Plan 623 Total		**1**	**0**	**1**
	Plan 658	White River School District	1	0	1
	Plan 658 Total		**1**	**0**	**1**
	Plan 659	Mukilteo School District	40	64	104
	Plan 659 Total		**40**	**64**	**104**
	Plan 662	Mukilteo School District	59	68	127
	Plan 662 Total		**59**	**68**	**127**
	Plan 668	Seattle Public Schools	557	678	1,235
	Plan 668 Total		**557**	**678**	**1,235**
	Plan 685	Liberty School District	3	3	6
	Plan 685 Total		**3**	**3**	**6**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 686	**Liberty School District**	**5**	**1**	**6**
	Plan 686 Total		5	1	6
	Plan 688	**Cheney School District**	**52**	**23**	**75**
	Plan 688 Total		52	23	75
	Plan 689	**Cheney School District**	**62**	**40**	**102**
	Plan 689 Total		62	40	102
Benefit Package 076 Total			**2,980**	**2,726**	**5,706**
Benefit Package 077	**Plan 459**	Bethel School District	247	200	447
	Plan 459 Total		**247**	**200**	**447**
	Plan 520	Central Valley School District	1	0	1
	Plan 520 Total		**1**	**0**	**1**
	Plan 521	Medical Lake School District	0	0	0
	Plan 521 Total		**0**	**0**	**0**
	Plan 522	Dixie School District	0	0	0
	Plan 522 Total		**0**	**0**	**0**
	Plan 523	Dixie School District	0	0	0
	Plan 523 Total		**0**	**0**	**0**
	Plan 524	Cheney School District	1	0	1
	Plan 524 Total		**1**	**0**	**1**
	Plan 525	Cheney School District	4	12	16
	Plan 525 Total		**4**	**12**	**16**
	Plan 526	Medical Lake School District	0	0	0
	Plan 526 Total		**0**	**0**	**0**
	Plan 527	Medical Lake School District	1	1	2
	Plan 527 Total		**1**	**1**	**2**
	Plan 529	Deer Park School District	3	2	5
	Plan 529 Total		**3**	**2**	**5**
	Plan 530	Freeman School District	1	0	1
	Plan 530 Total		**1**	**0**	**1**
	Plan 531	Freeman School District	1	3	4
	Plan 531 Total		**1**	**3**	**4**
	Plan 532	Nine Mile Falls School District	1	0	1

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 532 Total		**1**	**0**	**1**
	Plan 533	Nine Mile Falls School District	0	0	0
	Plan 533 Total		**0**	**0**	**0**
	Plan 534	**Pullman School District**	**1**	**0**	**1**
	Plan 534 Total		1	0	1
	Plan 535	Pullman School District	1	1	2
	Plan 535 Total		1	1	2
	Plan 536	Riverside School District	1	2	3
	Plan 536 Total		1	2	3
Benefit Package 077 Total			263	221	484
Benefit Package 078	**Plan 348**	**Dieringer School District**	**0**	**0**	**0**
		Everett School District	**0**	**0**	**0**
		Lake Washington School District	0	0	0
		Sedro-Woolley School District	0	0	0
		Spokane School District	6	7	13
		Yelm School District	0	0	0
	Plan 348 Total		6	7	13
Benefit Package 078 Total			6	7	13
Benefit Package 079	**Plan 349**	Aberdeen School District	259	117	376
		Adna School District	14	23	37
		Anacortes School District	134	109	243
		Arlington School District	146	134	280
		Asotin-Anatone School District	2	2	4
		Auburn School District	575	384	959
		Bainbridge Island School District	78	56	134
		Battle Ground School District	385	310	695
		Bellevue School District	765	544	1,309
		Bellingham School District	86	32	118
		Benge School District	4	4	8
		Bethel School District	412	280	692
		Boistfort School District	8	6	14
		Bremerton School District	103	55	158

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Brewster School District	48	36	84
		Bridgeport School District	39	23	62
		Brinnon School District	4	1	5
		Burlington-Edison School District	18	9	27
		Camas School District	188	195	383
		Cape Flattery School District	27	13	40
		Carbonado School District	10	6	16
		Cascade School District	44	34	78
		Castle Rock School District	44	22	66
		Central Kitsap School District	332	183	515
		Central Valley School District	371	316	687
		Centralia School District	121	83	204
		Chehalis School District	148	116	264
		Cheney School District	31	19	50
		Chewelah School District	42	40	82
		Chimacum School District	48	45	93
		Clarkston School District	127	86	213
		Cle Elum-Roslyn School District	50	50	100
		Clover Park School District	439	269	708
		Colfax School District	5	6	11
		College Place School District	47	35	82
		Colton School District	22	24	46
		Columbia (Stevens) School District	13	7	20
		Columbia (Walla Walla) School District	63	48	111
		Colville School District	86	54	140
		Concrete School District	6	2	8
		Conway School District	30	9	39
		Cosmopolis School District	12	2	14
		Coupeville School District	6	2	8
		Crescent School District	17	5	22
		Creston School District	16	10	26
		Curlew School District	9	6	15

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Cusick School District	8	1	9
		Damman School District	2	0	2
		Darrington School District	3	7	10
		Davenport School District	27	49	76
		Dayton School District	23	23	46
		Dieringer School District	59	35	94
		East Valley School District (Spokane)	121	71	192
		East Valley School District (Yakima)	83	78	161
		Eastmont School District	220	192	412
		Eatonville School District	44	38	82
		Edmonds School District	412	296	708
		Ellensburg School District	107	68	175
		Elma School District	112	68	180
		Endicott School District	1	0	1
		Entiat School District	9	6	15
		Enumclaw School District	86	86	172
		Ephrata School District	92	95	187
		Evaline School District	1	0	1
		Everett School District	288	315	603
		Evergreen School District (Clark)	411	287	698
		Federal Way School District	769	390	1,159
		Ferndale School District	101	77	178
		Fife School District	121	113	234
		Finley School District	31	18	49
		Franklin Pierce School District	214	88	302
		Garfield School District	2	1	3
		Grand Coulee Dam School District	42	17	59
		Grandview School District	180	201	381
		Granger School District	34	23	57
		Granite Falls School District	48	56	104
		Grapeview School District	9	11	20
		Great Northern School District	5	0	5

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Green Mountain School District	4	1	5
		Griffin School District	13	13	26
		Harrington School District	3	5	8
		Highland School District	39	23	62
		Highline School District	524	238	762
		Hockinson School District	21	24	45
		Hood Canal School District	20	8	28
		Hoquiam School District	127	86	213
		Inchelium School District	24	0	24
		Index School District	2	0	2
		Issaquah School District	1,014	580	1,594
		Kahlotus School District	11	13	24
		Kalama School District	15	7	22
		Keller School District	1	0	1
		Kelso School District	94	80	174
		Kennewick School District	709	546	1,255
		Kent School District	710	423	1,133
		Kettle Falls School District	24	24	48
		Kiona-Benton City School District	82	86	168
		La Center School District	24	25	49
		La Conner School District	43	36	79
		LaCrosse School District	5	3	8
		Lake Chelan School District	64	55	119
		Lake Quinault School District	32	24	56
		Lake Stevens School District	118	92	210
		Lake Washington School District	1,049	629	1,678
		Lakewood School District	70	61	131
		Lamont School District	0	0	0
		Lind School District	12	13	25
		Longview School District	187	144	331
		Lopez School District	3	7	10
		Mabton School District	51	41	92

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Manson School District	43	38	81
		Mary M Knight School District	9	12	21
		Mary Walker School District	10	3	13
		Marysville School District	367	300	667
		McCleary School District	25	10	35
		Mead School District	307	224	531
		Medical Lake School District	14	10	24
		Mercer Island School District	188	148	336
		Methow Valley School District	22	17	39
		Monroe School District	225	126	351
		Montesano School District	86	84	170
		Morton School District	20	12	32
		Moses Lake School District	294	289	583
		Mossyrock School District	29	21	50
		Mount Adams School District	50	41	91
		Mount Vernon School District	121	61	182
		Mukilteo School District	63	37	100
		Naches Valley School District	52	35	87
		Napavine School District	24	8	32
		Naselle-Grays River Valley School District	18	22	40
		Nespelem School District	4	2	6
		Newport School District	18	8	26
		North Beach School District	43	35	78
		North Franklin School District	87	79	166
		North Kitsap School District	175	103	278
		North Mason School District	34	25	59
		North River School District	15	2	17
		North Thurston Public Schools	268	166	434
		Northport School District	23	20	43
		Oak Harbor School District	200	136	336
		Oakesdale School District	5	7	12
		Oakville School District	16	21	37

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Ocean Beach School District	40	26	66
		Ocosta School District	60	44	104
		Odessa School District	11	7	18
		Okanogan School District	53	34	87
		Olympia School District	257	142	399
		Omak School District	116	88	204
		Onalaska School District	25	20	45
		Orcas Island School District	3	3	6
		Orondo School District	11	9	20
		Oroville School District	36	20	56
		Orting School District	72	44	116
		Othello School District	170	114	284
		Palouse School District	9	11	20
		Pasco School District	667	489	1,156
		Pateros School District	20	7	27
		Paterson School District	3	3	6
		Pe Ell School District	27	22	49
		Peninsula School District	56	41	97
		Pioneer School District	21	1	22
		Pomeroy School District	25	35	60
		Port Angeles School District	218	139	357
		Port Townsend School District	57	37	94
		Prescott School District	17	9	26
		Prosser School District	151	159	310
		Queets-Clearwater School District	1	0	1
		Quilcene School District	16	6	22
		Quillayute Valley School District	80	63	143
		Quincy School District	159	119	278
		Rainier School District	22	14	36
		Raymond School District	59	31	90
		Reardan-Edwall School District	39	24	63
		Renton School District	695	406	1,101

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Republic School District	17	8	25
		Richland School District	451	305	756
		Ridgefield School District	29	37	66
		Riverview School District	142	77	219
		Rochester School District	76	62	138
		Roosevelt School District	6	0	6
		Rosalia School District	9	7	16
		Royal School District	76	52	128
		Satsop School District	5	3	8
		Seattle Public Schools	1,853	723	2,576
		Sedro-Woolley School District	169	102	271
		Selah School District	142	131	273
		Selkirk School District	20	29	49
		Sequim School District	77	55	132
		Shelton School District	161	76	237
		Shoreline School District	364	251	615
		Skykomish School District	9	1	10
		Snohomish School District	466	481	947
		Snoqualmie Valley School District	1	0	1
		Soap Lake School District	18	8	26
		South Bend School District	42	34	76
		South Whidbey School District	41	30	71
		Southside School District	7	7	14
		Sprague School District	9	15	24
		Stanwood-Camano School District	97	78	175
		Starbuck School District	4	1	5
		Steilacoom Hist. School District	27	7	34
		Sultan School District	73	38	111
		Sumner School District	184	113	297
		Sunnyside School District	300	176	476
		Tacoma School District	527	673	1,200
		Taholah School District	29	22	51

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Tahoma School District	291	165	456
		Tekoa School District	7	11	18
		Tenino School District	27	18	45
		Thorp School District	9	7	16
		Toledo School District	35	40	75
		Tonasket School District	50	34	84
		Toppenish School District	102	102	204
		Toutle Lake School District	17	13	30
		Tukwila School District	131	75	206
		Tumwater School District	241	155	396
		Union Gap School District	29	12	41
		University Place School District	227	120	347
		Valley School District	21	11	32
		Vancouver School District	712	456	1,168
		Vashon Island School District	53	36	89
		Wahluke School District	45	46	91
		Waitsburg School District	27	15	42
		Walla Walla Public Schools	334	295	629
		Wapato School District	8	10	18
		Washtucna School District	11	13	24
		Waterville School District	14	9	23
		Wellpinit School District	29	25	54
		Wenatchee School District	408	330	738
		West Valley School District (Spokane)	51	44	95
		West Valley School District (Yakima)	204	157	361
		White Pass School District	27	19	46
		White River School District	143	96	239
		Wilbur School District	4	2	6
		Willapa Valley School District	23	18	41
		Wilson Creek School District	1	2	3
		Winlock School District	34	16	50
		Wishkah Valley School District	**16**	**8**	**24**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Wishram School District	**2**	**4**	**6**
		Woodland School District	56	47	103
		Yakima School District	151	73	224
		Yelm School District	129	95	224
		Zillah School District	10	10	20
	Plan 349 Total		29,355	20,269	49,624
Benefit Package 079 Total			29,355	20,269	49,624
Benefit Package 080	**Plan 350**	Aberdeen School District	73	97	170
		Adna School District	1	2	3
		Anacortes School District	34	51	85
		Arlington School District	41	61	102
		Asotin-Anatone School District	24	46	69
		Auburn School District	232	257	489
		Bainbridge Island School District	51	43	94
		Battle Ground School District	109	145	254
		Bellevue School District	365	511	876
		Bethel School District	213	188	401
		Boistfort School District	1	0	1
		Bremerton School District	20	12	32
		Brewster School District	28	12	40
		Bridgeport School District	34	33	67
		Brinnon School District	0	0	0
		Burlington-Edison School District	10	10	20
		Cape Flattery School District	6	8	14
		Carbonado School District	2	4	6
		Cascade School District	32	43	75
		Castle Rock School District	13	20	33
		Central Kitsap School District	195	197	392
		Central Valley School District	110	152	262
		Centralia School District	49	47	96
		Chehalis School District	51	60	111
		Cheney School District	38	21	59

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Chewelah School District	11	9	20
		Chimacum School District	38	41	79
		Clarkston School District	63	112	175
		Cle Elum-Roslyn School District	21	15	36
		Clover Park School District	130	161	291
		Colfax School District	3	10	13
		College Place School District	18	28	46
		Colton School District	2	0	2
		Columbia (Stevens) School District	7	15	22
		Columbia (Walla Walla) School District	5	11	16
		Colville School District	43	72	115
		Concrete School District	1	0	1
		Conway School District	4	5	9
		Cosmopolis School District	1	1	2
		Coupeville School District	9	3	12
		Crescent School District	3	4	7
		Creston School District	2	6	8
		Curlew School District	5	3	8
		Cusick School District	1	4	5
		Davenport School District	13	24	37
		Dayton School District	7	7	14
		Dieringer School District	25	16	41
		East Valley School District (Spokane)	65	53	118
		East Valley School District (Yakima)	50	75	125
		Eastmont School District	107	140	247
		Eatonville School District	19	16	35
		Edmonds School District	306	349	655
		Ellensburg School District	45	45	90
		Elma School District	20	15	35
		Endicott School District	3	0	3
		Entiat School District	1	2	3
		Enumclaw School District	45	46	91

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Ephrata School District	38	40	78
		Evaline School District	2	2	4
		Everett School District	456	586	1,042
		Evergreen School District (Clark)	46	44	90
		Evergreen School District (Stevens)	1	0	1
		Federal Way School District	469	412	881
		Ferndale School District	54	67	121
		Fife School District	38	50	88
		Finley School District	6	8	14
		Franklin Pierce School District	221	141	362
		Garfield School District	3	5	8
		Grand Coulee Dam School District	22	29	51
		Grandview School District	52	77	129
		Granger School District	17	27	44
		Granite Falls School District	15	16	31
		Grapeview School District	7	2	9
		Green Mountain School District	3	2	5
		Griffin School District	4	11	15
		Highland School District	23	19	42
		Highline School District	105	127	232
		Hockinson School District	14	35	49
		Hood Canal School District	11	4	15
		Hoquiam School District	33	57	90
		Inchelium School District	4	3	7
		Issaquah School District	257	236	493
		Kalama School District	13	21	34
		Keller School District	2	2	4
		Kelso School District	67	77	144
		Kennewick School District	274	290	564
		Kent School District	157	186	343
		Kettle Falls School District	20	22	42
		Kiona-Benton City School District	15	13	28

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		La Center School District	4	2	6
		La Conner School District	6	4	10
		LaCrosse School District	1	1	2
		Lake Chelan School District	19	26	45
		Lake Stevens School District	69	73	142
		Lake Washington School District	372	395	767
		Lakewood School District	19	29	48
		Lamont School District	1	0	1
		Lind School District	7	10	17
		Longview School District	62	69	131
		Loon Lake School District	2	7	9
		Lopez School District	2	0	2
		Mabton School District	9	17	26
		Manson School District	20	36	56
		Mary M Knight School District	4	3	7
		Mary Walker School District	19	10	29
		Marysville School District	97	139	236
		McCleary School District	8	3	11
		Mead School District	113	158	271
		Medical Lake School District	3	0	3
		Mercer Island School District	39	35	74
		Methow Valley School District	15	26	41
		Monroe School District	85	103	188
		Montesano School District	10	16	26
		Morton School District	4	6	10
		Moses Lake School District	104	143	247
		Mossyrock School District	8	6	14
		Mount Adams School District	9	18	27
		Mount Baker School District	22	18	40
		Mount Pleasant School District	0	0	0
		Mount Vernon School District	54	62	116
		Mukilteo School District	78	86	164

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Naches Valley School District	12	23	35
		Napavine School District	7	3	10
		Naselle-Grays River Valley School District	7	14	21
		Nespelem School District	2	4	6
		Newport School District	27	11	38
		North Beach School District	6	9	15
		North Franklin School District	43	44	87
		North Kitsap School District	76	93	169
		North Mason School District	5	5	10
		North River School District	1	1	2
		North Thurston Public Schools	138	166	304
		Northport School District	1	2	3
		Oak Harbor School District	66	89	155
		Oakesdale School District	4	9	13
		Oakville School District	13	16	29
		Ocean Beach School District	18	22	40
		Ocosta School District	11	19	30
		Odessa School District	10	18	28
		Okanogan School District	16	18	34
		Olympia School District	147	149	296
		Omak School District	45	56	101
		Onalaska School District	16	21	37
		Orcas Island School District	5	3	8
		Orondo School District	6	6	12
		Oroville School District	12	8	20
		Orting School District	24	34	58
		Othello School District	98	119	217
		Palouse School District	9	9	18
		Pasco School District	238	213	451
		Pateros School District	3	7	10
		Paterson School District	6	4	10
		Pe Ell School District	5	1	6

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Peninsula School District	97	79	176
		Pioneer School District	9	10	19
		Pomeroy School District	7	6	13
		Port Angeles School District	56	64	120
		Port Townsend School District	37	36	73
		Prescott School District	2	2	4
		Prosser School District	32	49	81
		Puyallup School District	83	119	202
		Queets-Clearwater School District	2	0	2
		Quilcene School District	5	1	6
		Quillayute Valley School District	46	35	81
		Quincy School District	45	60	105
		Rainier School District	4	5	9
		Raymond School District	15	17	32
		Reardan-Edwall School District	14	29	43
		Renton School District	220	224	444
		Republic School District	5	14	19
		Richland School District	115	152	267
		Ridgefield School District	7	11	18
		Riverview School District	61	64	125
		Rochester School District	18	23	41
		Rosalia School District	13	9	22
		Royal School District	31	36	67
		Sedro-Woolley School District	63	67	130
		Selah School District	29	29	58
		Selkirk School District	6	3	9
		Sequim School District	73	64	137
		Shelton School District	65	71	136
		Shoreline School District	145	149	294
		Skykomish School District	4	2	6
		Snohomish School District	150	212	362
		Soap Lake School District	5	9	14

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		South Bend School District	13	18	31
		South Whidbey School District	20	23	43
		Southside School District	4	6	10
		Sprague School District	2	1	3
		Stanwood-Camano School District	39	52	91
		Steilacoom Hist. School District	54	46	100
		Sultan School District	31	51	82
		Sumner School District	116	94	210
		Sunnyside School District	128	139	267
		Tacoma School District	1,374	1,604	2,978
		Taholah School District	6	7	13
		Tahoma School District	102	143	245
		Tekoa School District	5	9	14
		Tenino School District	22	21	43
		Thorp School District	3	5	8
		Toledo School District	12	19	31
		Tonasket School District	18	18	36
		Toppenish School District	20	31	51
		Toutle Lake School District	3	9	12
		Tukwila School District	19	17	36
		Tumwater School District	68	86	154
		Union Gap School District	10	11	21
		University Place School District	80	70	150
		Valley School District	11	11	22
		Vancouver School District	211	198	409
		Vashon Island School District	14	24	38
		Wahluke School District	30	41	71
		Waitsburg School District	3	5	8
		Walla Walla Public Schools	87	122	209
		Wapato School District	1	2	3
		Washtucna School District	3	4	7
		Waterville School District	6	5	11

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Wellpinit School District	10	6	16
		Wenatchee School District	146	198	344
		West Valley School District (Spokane)	29	16	45
		West Valley School District (Yakima)	66	132	198
		White Pass School District	14	6	20
		White River School District	32	39	71
		Wilbur School District	8	11	19
		Willapa Valley School District	1	2	3
		Wilson Creek School District	4	9	13
		Winlock School District	16	19	35
		Wishkah Valley School District	**5**	**3**	**8**
		Wishram School District	**1**	**0**	**1**
		Woodland School District	21	29	50
		Yakima School District	37	59	96
		Yelm School District	49	48	97
		Zillah School District	1	1	2
	Plan 350 Total		12,015	13,737	25,751
Benefit Package 080 Total			12,015	13,737	25,751
Benefit Package 081	**Plan 351**	Aberdeen School District	12	12	24
		Adna School District	5	8	13
		Anacortes School District	22	5	27
		Arlington School District	137	83	220
		Auburn School District	244	153	397
		Bainbridge Island School District	24	15	39
		Battle Ground School District	96	62	158
		Bellevue School District	260	132	392
		Bethel School District	358	231	589
		Bickleton School District	13	28	41
		Bremerton School District	13	6	19
		Brewster School District	14	12	26
		Bridgeport School District	6	1	7
		Brinnon School District	1	0	1

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Burlington-Edison School District	14	0	14
		Cape Flattery School District	43	18	61
		Carbonado School District	7	1	8
		Cascade School District	13	8	21
		Castle Rock School District	20	14	34
		Central Kitsap School District	68	47	115
		Central Valley School District	91	69	160
		Centralia School District	95	48	143
		Chehalis School District	48	37	85
		Cheney School District	31	12	43
		Chewelah School District	10	4	14
		Clarkston School District	34	9	43
		Cle Elum-Roslyn School District	3	6	9
		Clover Park School District	385	174	559
		Colfax School District	17	10	27
		College Place School District	1	0	1
		Columbia (Stevens) School District	2	0	2
		Columbia (Walla Walla) School District	6	4	10
		Colville School District	30	7	37
		Concrete School District	3	1	4
		Conway School District	2	1	3
		Coupeville School District	5	0	5
		Crescent School District	5	9	14
		Creston School District	6	2	8
		Curlew School District	5	7	12
		Cusick School District	3	1	4
		Damman School District	1	0	1
		Darrington School District	1	2	3
		Davenport School District	15	13	28
		Dayton School District	4	9	13
		Dieringer School District	9	4	13
		East Valley School District (Spokane)	73	38	111

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		East Valley School District (Yakima)	51	34	85
		Eastmont School District	125	94	219
		Eatonville School District	32	23	55
		Edmonds School District	468	213	681
		Ellensburg School District	64	52	116
		Elma School District	10	3	13
		Enumclaw School District	40	54	94
		Ephrata School District	26	19	45
		Everett School District	172	160	332
		Evergreen School District (Clark)	94	56	150
		Federal Way School District	457	306	763
		Ferndale School District	18	12	30
		Fife School District	93	70	163
		Finley School District	26	14	40
		Garfield School District	3	5	8
		Grand Coulee Dam School District	11	13	24
		Grandview School District	68	45	113
		Granger School District	52	80	132
		Granite Falls School District	91	83	174
		Green Mountain School District	2	0	2
		Griffin School District	23	7	30
		Harrington School District	1	0	1
		Highland School District	14	3	17
		Highline School District	163	63	226
		Hockinson School District	39	24	63
		Hood Canal School District	2	0	2
		Hoquiam School District	6	2	8
		Inchelium School District	5	4	9
		Index School District	1	0	1
		Issaquah School District	0	0	0
		Kahlotus School District	1	0	1
		Kalama School District	3	4	7

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Keller School District	5	1	6
		Kelso School District	81	38	119
		Kennewick School District	157	107	264
		Kent School District	209	153	362
		Kettle Falls School District	19	13	32
		Kiona-Benton City School District	12	7	19
		La Center School District	11	6	17
		La Conner School District	21	17	38
		LaCrosse School District	1	1	2
		Lake Chelan School District	18	24	42
		Lake Quinault School District	2	2	4
		Lake Stevens School District	49	8	57
		Lake Washington School District	268	175	443
		Lakewood School District	8	6	14
		Lamont School District	5	3	8
		Lind School District	13	7	20
		Longview School District	96	48	144
		Loon Lake School District	8	2	10
		Mabton School District	38	25	63
		Manson School District	3	5	8
		Mary M Knight School District	7	9	16
		Marysville School District	323	189	512
		McCleary School District	3	1	4
		Mead School District	93	51	144
		Medical Lake School District	4	0	4
		Mercer Island School District	20	7	27
		Methow Valley School District	11	10	21
		Monroe School District	72	37	109
		Montesano School District	4	0	4
		Morton School District	13	13	26
		Moses Lake School District	299	220	519
		Mossyrock School District	6	5	11

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Mount Adams School District	10	1	11
		Mount Pleasant School District	3	1	4
		Mount Vernon School District	36	20	56
		Mukilteo School District	1	0	1
		Naches Valley School District	7	3	10
		Napavine School District	7	2	9
		Naselle-Grays River Valley School District	17	16	33
		Nespelem School District	14	9	23
		Newport School District	13	16	29
		North Beach School District	8	7	15
		North Franklin School District	33	22	55
		North Kitsap School District	54	13	67
		North Mason School District	7	2	9
		North Thurston Public Schools	160	75	235
		Northport School District	4	0	4
		Oak Harbor School District	87	40	127
		Oakville School District	4	4	8
		Ocean Beach School District	43	21	64
		Ocosta School District	7	3	10
		Odessa School District	4	0	4
		Okanogan School District	19	18	37
		Olympia School District	122	71	193
		Omak School District	55	29	84
		Onalaska School District	7	6	13
		Orondo School District	8	1	9
		Oroville School District	20	24	44
		Orting School District	26	12	38
		Othello School District	52	49	101
		Palouse School District	2	2	4
		Pasco School District	213	151	364
		Pateros School District	6	4	10
		Pioneer School District	14	15	29

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Pomeroy School District	2	5	7
		Port Angeles School District	53	37	90
		Port Townsend School District	19	10	29
		Prescott School District	6	2	8
		Prosser School District	26	29	55
		Puyallup School District	113	32	145
		Queets-Clearwater School District	1	0	1
		Quilcene School District	5	2	7
		Quillayute Valley School District	21	2	23
		Quincy School District	48	23	71
		Rainier School District	10	8	18
		Raymond School District	1	0	1
		Reardan-Edwall School District	2	1	3
		Renton School District	158	78	236
		Republic School District	2	0	2
		Richland School District	154	113	267
		Ridgefield School District	12	4	16
		Riverview School District	22	14	36
		Rochester School District	32	16	48
		Rosalia School District	1	0	1
		Royal School District	32	22	54
		Sedro-Woolley School District	67	27	94
		Selah School District	37	23	60
		Selkirk School District	3	3	6
		Sequim School District	33	15	48
		Shaw Island School District	1	0	1
		Shelton School District	25	15	40
		Shoreline School District	84	54	138
		Skykomish School District	4	0	4
		Snohomish School District	145	108	253
		Soap Lake School District	19	13	32
		South Bend School District	20	11	31

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		South Whidbey School District	35	29	64
		Southside School District	3	7	10
		Spokane School District	274	333	607
		Sprague School District	1	2	3
		St. John School District	2	0	2
		Stanwood-Camano School District	38	35	73
		Stehekin School District	1	1	2
		Steilacoom Hist. School District	44	25	69
		Sultan School District	34	37	71
		Sumner School District	127	71	198
		Sunnyside School District	104	60	164
		Tacoma School District	458	411	869
		Taholah School District	1	1	2
		Tahoma School District	151	110	261
		Tekoa School District	3	3	6
		Tenino School District	25	7	32
		Thorp School District	1	4	5
		Toledo School District	5	2	7
		Tonasket School District	25	25	50
		Toppenish School District	85	93	178
		Toutle Lake School District	12	5	17
		Tukwila School District	62	37	99
		Tumwater School District	105	64	169
		Union Gap School District	6	0	6
		Valley School District	16	5	21
		Vancouver School District	263	153	416
		Vashon Island School District	17	12	29
		Wahluke School District	6	10	16
		Waitsburg School District	2	0	2
		Walla Walla Public Schools	56	38	94
		Wapato School District	21	47	68
		Washtucna School District	5	1	6

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Waterville School District	3	7	10
		Wellpinit School District	4	0	4
		Wenatchee School District	100	75	175
		West Valley School District (Spokane)	18	20	38
		West Valley School District (Yakima)	41	50	91
		White Pass School District	6	4	10
		White River School District	108	81	189
		Wilbur School District	6	4	10
		Willapa Valley School District	10	6	16
		Wilson Creek School District	**7**	**3**	**10**
		Winlock School District	**7**	**8**	**15**
		Woodland School District	22	17	39
		Yakima School District	74	23	97
		Yelm School District	137	76	213
		Zillah School District	**4**	**5**	**9**
	Plan 351 Total		**11,051**	**7,247**	**18,298**
Benefit Package 081 Total			11,051	7,247	18,298
Benefit Package 082	**Plan 352**	**Freeman School District**	**4**	**3**	**7**
		Pullman School District	**58**	**19**	**77**
		Riverside School District	3	1	4
	Plan 352 Total		65	23	88
Benefit Package 082 Total			65	23	88
Benefit Package 083	**Plan 353**	Newport School District	2	2	4
	Plan 353 Total		2	2	4
Benefit Package 083 Total			**2**	**2**	**4**
Benefit Package 084	**Plan 354**	**Freeman School District**	**4**	**2**	**6**
		Newport School District	2	0	2
		Nine Mile Falls School District	44	79	123
		Pullman School District	**22**	**13**	**35**
		Riverside School District	**10**	**7**	**17**
	Plan 354 Total		82	101	183
Benefit Package 084 Total			82	101	183

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Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 085	**Plan 355**	Pullman School District	7	2	9
		Riverside School District	3	2	5
	Plan 355 Total		**10**	**4**	**14**
Benefit Package 085 Total			**10**	**4**	**14**
Benefit Package 086	**Plan 356**	Freeman School District	4	7	11
		Nine Mile Falls School District	16	39	55
		Pullman School District	7	8	15
		Riverside School District	3	4	7
	Plan 356 Total		30	58	88
Benefit Package 086 Total			30	58	88
Benefit Package 087	**Plan 357**	Bellingham School District	94	46	140
		Blaine School District	**28**	**10**	**38**
		Ferndale School District	**15**	**7**	**22**
		Lynden School District	25	14	39
		Meridian School District	10	1	11
		Mount Baker School District	10	2	12
		Nooksack Valley School District	8	3	11
	Plan 357 Total		190	83	273
Benefit Package 087 Total			190	83	273
Benefit Package 088	**Plan 358**	Bellingham School District	32	4	36
		Blaine School District	**20**	**7**	**27**
		Ferndale School District	**6**	**3**	**9**
		Lynden School District	0	0	0
		Meridian School District	2	0	2
		Mount Baker School District	8	3	11
		Nooksack Valley School District	5	5	10
	Plan 358 Total		73	22	95
Benefit Package 088 Total			73	22	95
Benefit Package 089	**Plan 359**	Bellingham School District	584	656	1,240
		Blaine School District	**112**	**163**	**275**
		Ferndale School District	**142**	**140**	**282**
		Lynden School District	194	175	369

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Meridian School District	82	80	162
		Mount Baker School District	117	134	251
		Nooksack Valley School District	135	158	293
	Plan 359 Total		1,366	1,506	2,872
Benefit Package 089 Total			1,366	1,506	2,872
Benefit Package 090	**Plan 360**	Bellingham School District	78	19	97
		Blaine School District	**18**	**17**	**35**
		Ferndale School District	**12**	**3**	**15**
		Lynden School District	3	0	3
		Meridian School District	3	2	5
		Mount Baker School District	10	0	10
		Nooksack Valley School District	8	4	12
	Plan 360 Total		132	45	177
Benefit Package 090 Total			132	45	177
Benefit Package 091	**Plan 361**	Bellingham School District	20	33	53
		Blaine School District	**14**	**29**	**43**
		Ferndale School District	**3**	**4**	**7**
		Lynden School District	2	0	2
		Meridian School District	9	8	17
		Mount Baker School District	7	4	11
		Nooksack Valley School District	6	3	9
	Plan 361 Total		**61**	**81**	**142**
Benefit Package 091 Total			**61**	**81**	**142**
Benefit Package 092	**Plan 362**	Highline School District	334	108	442
		Lake Stevens School District	39	12	51
		San Juan Island School District	16	6	22
		South Kitsap School District	197	97	294
	Plan 362 Total		586	223	809
Benefit Package 092 Total			586	223	809
Benefit Package 093	**Plan 363**	Burlington-Edison School District	67	51	118
		Concrete School District	23	6	29
		Coupeville School District	4	0	4

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Lake Stevens School District	70	56	126
		Lakewood School District	15	6	21
		Orcas Island School District	17	12	29
		Peninsula School District	**206**	**136**	**342**
		San Juan Island School District	**7**	**5**	**12**
		Shelton School District	11	2	13
		South Kitsap School District	**141**	**87**	**228**
		Stanwood-Camano School District	**31**	**17**	**48**
		Touchet School District	3	3	6
	Plan 363 Total		595	381	976
Benefit Package 093 Total			595	381	976
Benefit Package 094	**Plan 364**	South Kitsap School District	104	154	258
	Plan 364 Total		104	154	258
Benefit Package 094 Total			104	154	258
Benefit Package 095	**Plan 365**	Coupeville School District	10	4	14
		Highline School District	126	90	216
		Lake Stevens School District	154	161	315
		Lakewood School District	**18**	**20**	**38**
		Orcas Island School District	**11**	**8**	**19**
		San Juan Island School District	21	16	37
		Shelton School District	20	14	34
		South Kitsap School District	68	65	133
		Stanwood-Camano School District	15	19	34
	Plan 365 Total		443	397	840
Benefit Package 095 Total			443	397	840
Benefit Package 096	**Plan 366**	Burlington-Edison School District	28	13	41
		Concrete School District	10	11	21
		Highline School District	118	44	162
		Mount Vernon School District	18	18	36
		Orcas Island School District	2	0	2
		Peninsula School District	**87**	**63**	**150**
		San Juan Island School District	**7**	**3**	**10**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
		Shelton School District	31	11	42
		South Kitsap School District	98	50	148
		Stanwood-Camano School District	15	15	30
		Touchet School District	11	7	18
	Plan 366 Total		425	235	660
Benefit Package 096 Total			425	235	660
Benefit Package 097	**Plan 367**	Concrete School District	7	2	9
		Coupeville School District	14	5	19
		Highline School District	43	16	59
		Lake Stevens School District	25	14	39
		Lakewood School District	2	1	3
		Mount Vernon School District	59	19	78
		Orcas Island School District	**1**	**0**	**1**
		Peninsula School District	**19**	**5**	**24**
		San Juan Island School District	1	0	1
		South Kitsap School District	33	17	50
		Stanwood-Camano School District	9	1	10
		Touchet School District	1	0	1
	Plan 367 Total		214	80	294
Benefit Package 097 Total			214	80	294
Benefit Package 098	**Plan 368**	Coupeville School District	2	2	4
		Highline School District	35	37	72
		Lake Stevens School District	38	51	89
		Lakewood School District	16	17	33
		Orcas Island School District	1	1	2
		Peninsula School District	**76**	**90**	**166**
		San Juan Island School District	**8**	**18**	**26**
		Shelton School District	17	20	37
		South Kitsap School District	**125**	**201**	**326**
		Stanwood-Camano School District	**27**	**41**	**68**
		Touchet School District	2	1	3
	Plan 368 Total		347	479	826

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Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 098 Total			347	479	826
Benefit Package 099	**Plan 369**	Highline School District	14	21	35
	Plan 369 Total		14	21	35
Benefit Package 099 Total			14	21	35
Benefit Package 100	**Plan 370**	**Coupeville School District**	**2**	**5**	**7**
		Lake Stevens School District	**5**	**16**	**21**
		Orcas Island School District	1	1	2
		San Juan Island School District	5	3	8
		South Kitsap School District	5	6	11
		Stanwood-Camano School District	2	1	3
	Plan 370 Total		20	32	52
Benefit Package 100 Total			20	32	52
Benefit Package 104	**Plan 374**	Bellingham School District	119	153	272
		Blaine School District	**8**	**10**	**18**
		Ferndale School District	**15**	**17**	**32**
		Lynden School District	72	129	201
		Meridian School District	**9**	**10**	**19**
		Mount Baker School District	**34**	**60**	**94**
		Nooksack Valley School District	16	36	52
	Plan 374 Total		**273**	**415**	**688**
Benefit Package 104 Total			**273**	**415**	**688**
Benefit Package 108	**Plan 378**	Kent School District	239	111	350
	Plan 378 Total		**239**	**111**	**350**
Benefit Package 108 Total			**239**	**111**	**350**
Benefit Package 110	**Plan 380**	Kent School District	143	59	202
	Plan 380 Total		**143**	**59**	**202**
Benefit Package 110 Total			**143**	**59**	**202**
Benefit Package 111	**Plan 381**	Kent School District	268	117	385
	Plan 381 Total		**268**	**117**	**385**
Benefit Package 111 Total			**268**	**117**	**385**
Benefit Package 113	**Plan 383**	Puyallup School District	35	7	42
	Plan 383 Total		**35**	**7**	**42**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 113 Total			**35**	**7**	**42**
Benefit Package 114	**Plan 384**	Puyallup School District	394	233	627
	Plan 384 Total		**394**	**233**	**627**
Benefit Package 114 Total			**394**	**233**	**627**
Benefit Package 115	**Plan 385**	Puyallup School District	22	5	27
	Plan 385 Total		**22**	**5**	**27**
Benefit Package 115 Total			**22**	**5**	**27**
Benefit Package 116	**Plan 386**	Puyallup School District	350	189	539
	Plan 386 Total		**350**	**189**	**539**
Benefit Package 116 Total			**350**	**189**	**539**
Benefit Package 121	**Plan 391**	Mukilteo School District	351	182	533
	Plan 391 Total		**351**	**182**	**533**
Benefit Package 121 Total			**351**	**182**	**533**
Benefit Package 122	**Plan 392**	Mukilteo School District	274	175	449
	Plan 392 Total		**274**	**175**	**449**
Benefit Package 122 Total			**274**	**175**	**449**
Benefit Package 123	**Plan 393**	Mukilteo School District	13	19	32
	Plan 393 Total		**13**	**19**	**32**
Benefit Package 123 Total			**13**	**19**	**32**
Benefit Package 127	**Plan 397**	Central Valley School District	19	40	59
	Plan 397 Total		**19**	**40**	**59**
Benefit Package 127 Total			**19**	**40**	**59**
Benefit Package 128	**Plan 398**	Central Valley School District	212	400	612
	Plan 398 Total		**212**	**400**	**612**
Benefit Package 128 Total			**212**	**400**	**612**
Benefit Package 129	**Plan 399**	Central Valley School District	638	436	1,074
	Plan 399 Total		**638**	**436**	**1,074**
Benefit Package 129 Total			**638**	**436**	**1,074**
Benefit Package 130	**Plan 400**	Central Valley School District	435	549	984
	Plan 400 Total		**435**	**549**	**984**
Benefit Package 130 Total			**435**	**549**	**984**
Benefit Package 131	**Plan 401**	Central Valley School District	8	30	38

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 401 Total		**8**	**30**	**38**
Benefit Package 131 Total			**8**	**30**	**38**
Benefit Package 132	**Plan 402**	Kent School District	9	10	19
	Plan 402 Total		**9**	**10**	**19**
Benefit Package 132 Total			**9**	**10**	**19**
Benefit Package 133	**Plan 403**	Kent School District	179	153	332
	Plan 403 Total		**179**	**153**	**332**
Benefit Package 133 Total			**179**	**153**	**332**
Benefit Package 134	**Plan 404**	Kent School District	63	76	139
	Plan 404 Total		**63**	**76**	**139**
Benefit Package 134 Total			**63**	**76**	**139**
Benefit Package 135	**Plan 405**	Puyallup School District	235	252	487
	Plan 405 Total		**235**	**252**	**487**
Benefit Package 135 Total			**235**	**252**	**487**
Benefit Package 136	**Plan 406**	Puyallup School District	28	15	43
	Plan 406 Total		**28**	**15**	**43**
Benefit Package 136 Total			**28**	**15**	**43**
Benefit Package 137	**Plan 407**	Puyallup School District	118	230	348
	Plan 407 Total		**118**	**230**	**348**
Benefit Package 137 Total			118	230	348
Benefit Package 138	**Plan 408**	**Puyallup School District**	**8**	**13**	**21**
	Plan 408 Total		8	13	21
Benefit Package 138 Total			**8**	**13**	**21**
Benefit Package 173	**Plan 414**	Enumclaw School District	151	41	192
	Plan 414 Total		**151**	**41**	**192**
	Plan 415	**Enumclaw School District**	**11**	**6**	**17**
	Plan 415 Total		11	6	17
	Plan 416	**Enumclaw School District**	**31**	**23**	**54**
	Plan 416 Total		**31**	**23**	**54**
	Plan 417	Enumclaw School District	0	0	0
	Plan 417 Total		**0**	**0**	**0**
Benefit Package 173 Total			**193**	**70**	**263**

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Benefit Package	Health Plan	District	Employees	Dependents	Members
Benefit Package 180	**Plan 706**	West Valley School District (Spokane)	1	0	1
	Plan 706 Total		1	0	1
Benefit Package 180 Total			1	0	1
Benefit Package 181	**Plan 707**	West Valley School District (Spokane)	1	0	1
	Plan 707 Total		1	0	1
Benefit Package 181 Total			1	0	1
Benefit Package 185	**Plan 711**	Centerville School District	0	0	0
		Glenwood School District	0	0	0
		Goldendale School District	0	0	0
		Klickitat School District	0	0	0
		Lyle School District	**0**	**0**	**0**
		Mill A School District	**0**	**0**	**0**
		Skamania School District	0	0	0
		Stevenson-Carson School District	0	0	0
		Trout Lake School District	**0**	**0**	**0**
		White Salmon Valley School District	**2**	**4**	**6**
	Plan 711 Total		2	4	6
Benefit Package 185 Total			**2**	**4**	**6**
Benefit Package 186	**Plan 712**	**Newport School District**	**1**	**0**	**1**
		Nine Mile Falls School District	1	0	1
	Plan 712 Total		**2**	**0**	**2**
Benefit Package 186 Total			**2**	**0**	**2**
Benefit Package 188	**Plan 714**	Northshore School District	845	231	1,076
	Plan 714 Total		**845**	**231**	**1,076**
Benefit Package 188 Total			**845**	**231**	**1,076**
Benefit Package 189	**Plan 715**	Northshore School District	725	930	1,655
	Plan 715 Total		**725**	**930**	**1,655**
Benefit Package 189 Total			**725**	**930**	**1,655**
Benefit Package 190	**Plan 716**	Northshore School District	150	297	447
	Plan 716 Total		**150**	**297**	**447**
Benefit Package 190 Total			**150**	**297**	**447**
Benefit Package 191	**Plan 717**	Northshore School District	6	11	17

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Benefit Package	Health Plan	District	Employees	Dependents	Members
	Plan 717 Total		6	11	17
Benefit Package 191 Total			6	11	17
Grand Total			104,519	96,267	200,785

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District	Employees	Dependents	Members	Avg. Family Size
Aberdeen School District	407	305	712	1.749
Adna School District	32	56	88	2.750
Almira School District	19	35	54	2.842
Anacortes School District	255	270	525	2.059
Arlington School District	474	529	1,003	2.116
Asotin-Anatone School District	61	121	182	2.984
Auburn School District	1,451	1,266	2,717	1.873
Bainbridge Island School District	383	394	777	2.029
Battle Ground School District	1,148	1,235	2,383	2.076
Bellevue School District	2,024	1,992	4,016	1.984
Bellingham School District	1,136	1,029	2,165	1.906
Benge School District	4	4	8	2.000
Bethel School District	1,437	1,140	2,577	1.793
Bickleton School District	13	28	41	3.154
Blaine School District	227	262	489	2.154
Boistfort School District	14	9	23	1.643
Bremerton School District	524	360	884	1.687
Brewster School District	111	87	198	1.784
Bridgeport School District	102	91	193	1.892
Brinnon School District	11	6	17	1.545
Burlington-Edison School District	405	464	869	2.146
Camas School District	603	727	1,330	2.206
Cape Flattery School District	87	49	136	1.563
Carbonado School District	21	16	37	1.762
Cascade School District	134	143	277	2.067
Cashmere School District	133	234	367	2.759
Castle Rock School District	145	116	261	1.800
Centerville School District	9	13	22	2.444
Central Kitsap School District	1,114	1,006	2,120	1.903
Central Valley School District	2,637	2,793	5,430	2.059
Centralia School District	378	349	727	1.923
Chehalis School District	308	292	600	1.948

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District	Employees	Dependents	Members	Avg. Family Size
Cheney School District	449	402	851	1.895
Chewelah School District	97	98	195	2.010
Chimacum School District	111	109	220	1.982
Clarkston School District	290	313	603	2.079
Cle Elum-Roslyn School District	94	119	213	2.266
Clover Park School District	1,296	948	2,244	1.731
Colfax School District	62	71	133	2.145
College Place School District	100	102	202	2.020
Colton School District	25	26	51	2.040
Columbia (Stevens) School District	32	38	70	2.188
Columbia (Walla Walla) School District	93	95	188	2.022
Colville School District	194	184	378	1.948
Concrete School District	67	42	109	1.627
Conway School District	46	28	74	1.609
Cosmopolis School District	18	18	36	2.000
Coulee-Hartline School District	31	48	79	2.548
Coupeville School District	88	78	166	1.886
Crescent School District	39	32	71	1.821
Creston School District	27	21	48	1.778
Curlew School District	28	30	58	2.071
Cusick School District	42	50	92	2.190
Damman School District	4	1	5	1.250
Darrington School District	53	87	140	2.642
Davenport School District	65	105	170	2.615
Dayton School District	56	65	121	2.161
Deer Park School District	233	236	469	2.013
Dieringer School District	138	133	271	1.964
Dixie School District	8	6	14	1.750
East Valley School District (Spokane)	491	415	906	1.845
East Valley School District (Yakima)	285	286	571	2.004
Eastmont School District	553	579	1,132	2.047
Easton School District	20	21	41	2.050

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District	Employees	Dependents	Members	Avg. Family Size
Eatonville School District	187	185	372	1.989
Edmonds School District	2,001	1,880	3,881	1.940
Ellensburg School District	337	338	675	2.003
Elma School District	188	158	346	1.840
Endicott School District	22	38	60	2.727
Entiat School District	45	57	102	2.267
Enumclaw School District	408	346	754	1.848
Ephrata School District	237	299	536	2.262
Evaline School District	6	8	14	2.333
Everett School District	1,602	1,961	3,563	2.224
Evergreen School District (Clark)	2,355	2,194	4,549	1.932
Evergreen School District (Stevens)	5	1	6	1.200
Federal Way School District	2,183	1,482	3,665	1.679
Ferndale School District	506	481	987	1.951
Fife School District	328	332	660	2.012
Finley School District	98	97	195	1.990
Franklin Pierce School District	817	617	1,434	1.755
Freeman School District	98	106	204	2.082
Garfield School District	19	21	40	2.105
Glenwood School District	20	7	27	1.350
Goldendale School District	98	107	205	2.092
Grand Coulee Dam School District	99	101	200	2.020
Grandview School District	363	400	763	2.102
Granger School District	186	215	401	2.156
Granite Falls School District	178	187	365	2.051
Grapeview School District	23	24	47	2.043
Great Northern School District	5	0	5	1.000
Green Mountain School District	19	21	40	2.105
Griffin School District	72	80	152	2.111
Harrington School District	27	49	76	2.815
Highland School District	138	123	261	1.891
Highline School District	2,104	1,287	3,391	1.612

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District	Employees	Dependents	Members	Avg. Family Size
Hockinson School District	149	185	334	2.242
Hood Canal School District	45	23	68	1.511
Hoquiam School District	191	171	362	1.895
Inchelium School District	40	19	59	1.475
Index School District	6	2	8	1.333
Issaquah School District	1,740	1,322	3,062	1.760
Kahlotus School District	17	28	45	2.647
Kalama School District	70	83	153	2.186
Keller School District	11	3	14	1.273
Kelso School District	467	423	890	1.906
Kennewick School District	1,548	1,513	3,061	1.977
Kent School District	2,639	1,927	4,566	1.730
Kettle Falls School District	83	83	166	2.000
Kiona-Benton City School District	147	146	293	1.993
Kittitas School District	75	126	201	2.680
Klickitat School District	20	12	32	1.600
La Center School District	90	107	197	2.189
La Conner School District	95	101	196	2.063
LaCrosse School District	22	26	48	2.182
Lake Chelan School District	156	202	358	2.295
Lake Quinault School District	35	26	61	1.743
Lake Stevens School District	712	616	1,328	1.865
Lake Washington School District	2,397	1,986	4,383	1.829
Lakewood School District	213	210	423	1.986
Lamont School District	8	7	15	1.875
Liberty School District	62	68	130	2.097
Lind School District	36	36	72	2.000
Longview School District	693	604	1,297	1.872
Loon Lake School District	19	26	45	2.368
Lopez School District	46	59	105	2.283
Lyle School District	30	14	44	1.467
Lynden School District	303	324	627	2.069

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District	Employees	Dependents	Members	Avg. Family Size
Mabton School District	101	87	188	1.861
Mansfield School District	22	42	64	2.909
Manson School District	90	103	193	2.144
Mary M Knight School District	25	31	56	2.240
Mary Walker School District	76	88	164	2.158
Marysville School District	1,096	1,036	2,132	1.945
McCleary School District	43	22	65	1.512
Mead School District	936	1,036	1,972	2.107
Medical Lake School District	184	193	377	2.049
Mercer Island School District	406	350	756	1.862
Meridian School District	171	150	321	1.877
Methow Valley School District	70	78	148	2.114
Mill A School District	5	8	13	2.600
Monroe School District	577	511	1,088	1.886
Montesano School District	136	149	285	2.096
Morton School District	40	42	82	2.050
Moses Lake School District	822	816	1,638	1.993
Mossyrock School District	65	59	124	1.908
Mount Adams School District	132	118	250	1.894
Mount Baker School District	237	238	475	2.004
Mount Pleasant School District	3	1	4	1.333
Mount Vernon School District	744	664	1,408	1.892
Mukilteo School District	1,348	1,141	2,489	1.846
Naches Valley School District	140	127	267	1.907
Napavine School District	78	72	150	1.923
Naselle-Grays River Valley School District	54	77	131	2.426
Nespelem School District	27	19	46	1.704
Newport School District	118	100	218	1.847
Nine Mile Falls School District	150	254	404	2.693
Nooksack Valley School District	201	231	432	2.149
North Beach School District	75	69	144	1.920
North Franklin School District	243	287	530	2.181

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District	Employees	Dependents	Members	Avg. Family Size
North Kitsap School District	622	530	1,152	1.852
North Mason School District	183	156	339	1.852
North River School District	18	14	32	1.778
North Thurston Public Schools	1,365	1,301	2,666	1.953
Northport School District	36	41	77	2.139
Northshore School District	1,918	1,576	3,494	1.822
Oak Harbor School District	474	410	884	1.865
Oakesdale School District	22	41	63	2.864
Oakville School District	43	54	97	2.256
Ocean Beach School District	119	81	200	1.681
Ocosta School District	87	88	175	2.011
Odessa School District	39	42	81	2.077
Okanogan School District	128	100	228	1.781
Olympia School District	923	713	1,636	1.772
Omak School District	278	279	557	2.004
Onalaska School District	94	108	202	2.149
Onion Creek School District	12	15	27	2.250
Orcas Island School District	83	79	162	1.952
Orchard Prairie School District	9	2	11	1.222
Orient School District	13	11	24	1.846
Orondo School District	36	22	58	1.611
Oroville School District	78	70	148	1.897
Orting School District	202	190	392	1.941
Othello School District	433	439	872	2.014
Palisades School District	7	11	18	2.571
Palouse School District	33	39	72	2.182
Pasco School District	1,671	1,575	3,246	1.943
Pateros School District	40	25	65	1.625
Paterson School District	15	16	31	2.067
Pe Ell School District	42	31	73	1.738
Peninsula School District	828	645	1,473	1.779
Pioneer School District	87	60	147	1.690

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District	Employees	Dependents	Members	Avg. Family Size
Pomeroy School District	36	49	85	2.361
Port Angeles School District	407	394	801	1.968
Port Townsend School District	144	123	267	1.854
Prescott School District	39	24	63	1.615
Prosser School District	329	382	711	2.161
Pullman School District	250	224	474	1.896
Puyallup School District	1,721	1,421	3,142	1.826
Queets-Clearwater School District	12	7	19	1.583
Quilcene School District	41	25	66	1.610
Quillayute Valley School District	164	121	285	1.738
Quincy School District	330	334	664	2.012
Rainier School District	80	68	148	1.850
Raymond School District	77	54	131	1.701
Reardan-Edwall School District	64	59	123	1.922
Renton School District	1,607	1,146	2,753	1.713
Republic School District	39	38	77	1.974
Richland School District	1,035	947	1,982	1.915
Ridgefield School District	139	174	313	2.252
Ritzville School District	42	79	121	2.881
Riverside School District	155	135	290	1.871
Riverview School District	297	253	550	1.852
Rochester School District	203	229	432	2.128
Roosevelt School District	6	0	6	1.000
Rosalia School District	34	34	68	2.000
Royal School District	191	176	367	1.921
San Juan Island School District	99	99	198	2.000
Satsop School District	6	3	9	1.500
Seattle Public Schools	5,547	4,319	9,866	1.779
Sedro-Woolley School District	413	346	759	1.838
Selah School District	366	341	707	1.932
Selkirk School District	33	42	75	2.273
Sequim School District	272	270	542	1.993

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District	Employees	Dependents	Members	Avg. Family Size
Shaw Island School District	6	4	10	1.667
Shelton School District	511	372	883	1.728
Shoreline School District	925	809	1,734	1.875
Skamania School District	41	40	81	1.976
Skykomish School District	19	4	23	1.211
Snohomish School District	895	973	1,868	2.087
Snoqualmie Valley School District	501	446	947	1.890
Soap Lake School District	61	68	129	2.115
South Bend School District	91	95	186	2.044
South Kitsap School District	896	772	1,668	1.862
South Whidbey School District	161	149	310	1.925
Southside School District	20	27	47	2.350
Spokane School District	3,105	3,361	6,466	2.082
Sprague School District	21	27	48	2.286
St. John School District	24	39	63	2.625
Stanwood-Camano School District	425	415	840	1.976
Star School District	5	5	10	2.000
Starbuck School District	5	3	8	1.600
Stehekin School District	1	1	2	2.000
Steilacoom Hist. School District	245	193	438	1.788
Steptoe School District	8	18	26	3.250
Stevenson-Carson School District	82	68	150	1.829
Sultan School District	197	200	397	2.015
Summit Valley School District	11	7	18	1.636
Sumner School District	843	784	1,627	1.930
Sunnyside School District	745	702	1,447	1.942
Tacoma School District	2,920	3,438	6,358	2.177
Taholah School District	38	31	69	1.816
Tahoma School District	712	649	1,361	1.912
Tekoa School District	30	42	72	2.400
Tenino School District	117	95	212	1.812
Thorp School District	22	22	44	2.000

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Exhibit A4a
Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2013

District	Employees	Dependents	Members	Avg. Family Size
Toledo School District	74	87	161	2.176
Tonasket School District	133	144	277	2.083
Toppenish School District	420	423	843	2.007
Touchet School District	33	30	63	1.909
Toutle Lake School District	71	73	144	2.028
Trout Lake School District	22	20	42	1.909
Tukwila School District	299	204	503	1.682
Tumwater School District	652	539	1,191	1.827
Union Gap School District	72	49	121	1.681
University Place School District	473	409	882	1.865
Valley School District	93	103	196	2.108
Vancouver School District	2,320	2,034	4,354	1.877
Vashon Island School District	150	138	288	1.920
Wahkiakum School District	44	88	132	3.000
Wahluke School District	230	210	440	1.913
Waitsburg School District	39	26	65	1.667
Walla Walla Public Schools	713	713	1,426	2.000
Wapato School District	391	426	817	2.090
Warden School District	104	171	275	2.644
Washougal School District	99	48	147	1.485
Washtucna School District	22	23	45	2.045
Waterville School District	41	54	95	2.317
Wellpinit School District	65	45	110	1.692
Wenatchee School District	839	844	1,683	2.006
West Valley School District (Spokane)	484	456	940	1.942
West Valley School District (Yakima)	407	482	889	2.184
White Pass School District	60	39	99	1.650
White River School District	366	343	709	1.937
White Salmon Valley School District	117	98	215	1.838
Wilbur School District	40	39	79	1.975
Willapa Valley School District	41	27	68	1.659
Wilson Creek School District	33	34	67	2.030

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Employee and Dependent Counts by District for All Plans Combined — As Reported by the Carriers
For the Plan Year Ending in 2013

District	Employees	Dependents	Members	Avg. Family Size
Winlock School District	80	69	149	1.863
Wishkah Valley School District	23	16	39	1.696
Wishram School District	20	28	48	2.400
Woodland School District	248	232	480	1.935
Yakima School District	432	292	724	1.676
Yelm School District	533	443	976	1.831
Zillah School District	141	143	284	2.014
Grand Total	**104,519**	**96,267**	**200,786**	**1.921**

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Exhibit A4b
Enrollment by District for All Plans Combined — Reporting Districts Only
Census October 1, 2013

District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Aberdeen School District	225	274	499	316	32	96	28	27	499
Adna School District	36	31	67	12	4	11	9	31	67
Almira School District	12	15	27	7	6	3	5	6	27
Anacortes School District	134	101	235	116	31	44	44	0	235
Arlington School District	311	254	565	213	57	125	73	97	565
Asotin-Anatone School District	42	28	70	19	17	3	31	0	70
Auburn School District	837	911	1,748	794	125	340	158	331	1,748
Bainbridge Island School District	275	225	500	184	25	91	63	137	500
Battle Ground School District	863	601	1,464	548	131	310	158	317	1,464
Bellevue School District	1,289	1,210	2,499	1,017	191	512	284	495	2,499
Bellingham School District	733	522	1,255	550	138	289	129	149	1,255
Benge School District	3	5	8	0	0	0	0	8	8
Bethel School District	1,130	1,007	2,137	878	155	339	148	617	2,137
Bickleton School District	15	8	23	0	5	1	6	11	23
Blaine School District	112	116	228	101	33	60	34	0	228
Boistfort School District	7	11	18	11	4	1	1	1	18
Bremerton School District	355	304	659	263	53	86	31	226	659
Brewster School District	68	58	126	68	6	23	9	20	126
Bridgeport School District	52	45	97	55	7	23	10	2	97
Brinnon School District	6	7	13	7	2	0	1	3	13
Burlington-Edison School District	258	252	510	208	90	116	0	96	510
Camas School District	401	359	760	246	70	179	115	150	760
Cape Flattery School District	43	63	106	63	5	14	2	22	106
Carbonado School District	12	15	27	12	1	5	2	7	27
Cascade School District	81	74	155	63	15	35	14	28	155
Cashmere School District	98	89	187	35	22	18	56	56	187
Castle Rock School District	76	94	170	79	11	41	7	32	170
Centerville School District	5	10	15	1	4	3	1	6	15
Central Kitsap School District	734	721	1,455	545	120	240	143	407	1,455
Central Valley School District	891	822	1,713	700	108	399	130	376	1,713
Centralia School District	217	266	483	200	33	98	38	114	483
Chehalis School District	193	208	401	163	27	85	23	103	401

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Cheney School District	300	288	588	254	37	113	37	147	588
Chewelah School District	56	69	125	50	10	25	9	31	125
Chimacum School District	67	77	144	56	20	34	13	21	144
Clarkston School District	148	191	339	133	24	94	36	52	339
Cle Elum-Roslyn School District	61	54	115	49	9	21	18	18	115
Clover Park School District	761	535	1,296	791	92	288	92	33	1,296
Colfax School District	35	69	104	32	6	15	8	43	104
College Place School District	59	61	120	56	9	26	12	17	120
Colton School District	17	9	26	13	1	4	4	4	26
Columbia (Stevens) School District	17	26	43	6	15	2	6	14	43
Columbia (Walla Walla) School District	60	74	134	49	8	20	13	44	134
Colville School District	119	107	226	105	12	51	17	41	226
Concrete School District	35	63	98	40	7	9	5	37	98
Conway School District	20	35	55	26	10	8	1	10	55
Cosmopolis School District	11	9	20	9	0	4	1	6	20
Coulee-Hartline School District	17	20	37	9	8	1	13	6	37
Coupeville School District	64	54	118	57	10	9	15	27	118
Crescent School District	18	44	62	19	4	10	2	27	62
Creston School District	13	16	29	15	2	7	2	3	29
Curlew School District	5	24	29	12	5	5	5	2	29
Cusick School District	26	37	63	21	8	7	8	19	63
Damman School District	4	5	9	3	1	0	0	5	9
Darrington School District	27	47	74	10	15	13	14	22	74
Davenport School District	40	42	82	17	11	24	10	20	82
Dayton School District	31	50	81	25	2	14	12	28	81
Deer Park School District	108	273	381	121	17	70	24	149	381
Dieringer School District	92	99	191	70	19	35	14	53	191
Dixie School District	3	8	11	4	0	3	0	4	11
East Valley School District (Spokane)	232	367	599	248	46	93	49	163	599
East Valley School District (Yakima)	188	175	363	149	29	79	32	74	363
Eastmont School District	351	334	685	281	48	176	49	131	685
Easton School District	12	12	24	9	6	3	3	3	24

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Eatonville School District	114	119	233	89	21	55	21	47	233
Edmonds School District	1,352	1,139	2,491	1,092	163	437	205	594	2,491
Ellensburg School District	193	173	366	159	35	93	31	48	366
Elma School District	98	133	231	106	16	39	21	49	231
Endicott School District	15	21	36	8	3	7	6	12	36
Entiat School District	25	34	59	12	6	15	9	17	59
Enumclaw School District	221	299	520	253	26	84	44	113	520
Ephrata School District	149	125	274	107	25	71	36	35	274
Evaline School District	2	6	8	0	0	0	0	8	8
Everett School District	1,160	777	1,937	619	284	284	390	360	1,937
Evergreen School District (Clark)	1,855	1,265	3,120	1,197	266	562	262	833	3,120
Evergreen School District (Stevens)	3	4	7	5	1	0	0	1	7
Federal Way School District	1,542	1,064	2,606	1,455	138	479	136	398	2,606
Ferndale School District	308	331	639	247	57	100	66	169	639
Fife School District	198	118	316	152	30	102	32	0	316
Finley School District	56	66	122	56	11	22	14	19	122
Franklin Pierce School District	521	429	950	493	82	153	81	141	950
Freeman School District	56	83	139	47	7	29	9	47	139
Garfield School District	10	14	24	11	1	7	5	0	24
Glenwood School District	6	23	29	16	1	3	0	9	29
Goldendale School District	62	89	151	51	21	6	19	54	151
Grand Coulee Dam School District	48	80	128	59	11	26	9	23	128
Grandview School District	215	183	398	175	41	107	36	39	398
Granger School District	98	98	196	85	19	50	24	18	196
Granite Falls School District	100	138	238	85	19	42	25	67	238
Grapeview School District	13	12	25	11	3	6	2	3	25
Great Northern School District	4	3	7	4	0	0	0	3	7
Green Mountain School District	10	10	20	9	4	2	4	1	20
Griffin School District	34	57	91	35	9	17	12	18	91
Harrington School District	14	14	28	8	7	2	11	0	28
Highland School District	86	75	161	80	16	33	9	23	161
Highline School District	1,368	1,116	2,484	1,394	175	432	134	349	2,484

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Hockinson School District	112	77	189	73	21	43	21	31	189
Hood Canal School District	24	32	56	28	7	6	0	15	56
Hoquiam School District	107	128	235	99	19	44	19	54	235
Inchelium School District	21	29	50	29	5	6	1	9	50
Index School District	6	5	11	4	0	1	0	6	11
Issaquah School District	1,141	864	2,005	1,019	117	373	165	331	2,005
Kahlotus School District	11	12	23	9	1	4	5	4	23
Kalama School District	45	55	100	29	11	17	11	32	100
Keller School District	4	10	14	9	0	2	0	3	14
Kelso School District	316	304	620	266	43	107	50	154	620
Kennewick School District	1,004	962	1,966	828	161	389	206	382	1,966
Kent School District	1,610	1,764	3,374	1,381	202	521	188	1,082	3,374
Kettle Falls School District	37	72	109	42	11	17	12	27	109
Kiona-Benton City School District	95	112	207	80	12	44	13	58	207
Kittitas School District	43	49	92	18	13	11	32	18	92
Klickitat School District	11	22	33	13	2	3	2	13	33
La Center School District	80	63	143	29	14	21	19	60	143
La Conner School District	55	41	96	41	10	22	14	9	96
LaCrosse School District	16	18	34	6	8	2	6	12	34
Lake Chelan School District	94	94	188	65	18	50	33	22	188
Lake Quinault School District	13	26	39	8	4	3	1	23	39
Lake Stevens School District	416	0	416	187	18	100	52	59	416
Lake Washington School District	1,715	1,025	2,740	1,312	197	492	271	468	2,740
Lakewood School District	140	135	275	104	26	55	34	56	275
Lamont School District	6	5	11	4	1	2	1	3	11
Liberty School District	25	67	92	30	8	14	10	30	92
Lind School District	17	22	39	17	2	8	5	7	39
Longview School District	439	377	816	395	55	180	56	130	816
Loon Lake School District	8	7	15	7	0	8	0	0	15
Lopez School District	27	35	62	22	9	4	13	14	62
Lyle School District	16	26	42	18	8	2	1	13	42
Lynden School District	147	250	397	161	29	75	36	96	397

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Mabton School District	58	44	102	57	9	25	6	5	102
Mansfield School District	15	17	32	4	5	2	11	10	32
Manson School District	46	64	110	48	9	23	12	18	110
Mary M Knight School District	15	25	40	11	3	4	7	15	40
Mary Walker School District	26	63	89	26	16	19	10	18	89
Marysville School District	677	612	1,289	526	91	296	100	276	1,289
McCleary School District	20	23	43	26	2	8	3	4	43
Mead School District	533	429	962	486	89	239	121	27	962
Medical Lake School District	120	112	232	98	15	46	25	48	232
Mercer Island School District	164	380	544	173	25	65	53	228	544
Meridian School District	90	141	231	88	28	33	15	67	231
Methow Valley School District	48	55	103	30	15	13	11	34	103
Mill A School District	4	8	12	1	2	0	4	5	12
Monroe School District	353	341	694	288	60	134	57	155	694
Montesano School District	81	103	184	69	12	41	14	48	184
Morton School District	23	41	64	17	5	11	4	27	64
Moses Lake School District	427	590	1,017	423	86	239	63	206	1,017
Mossyrock School District	32	41	73	35	9	14	6	9	73
Mount Adams School District	77	68	145	81	11	30	11	12	145
Mount Baker School District	130	145	275	104	41	47	33	50	275
Mount Pleasant School District	4	4	8	3	1	0	0	4	8
Mount Vernon School District	444	413	857	414	67	184	72	120	857
Mukilteo School District	958	724	1,682	746	127	315	142	352	1,682
Naches Valley School District	89	68	157	60	13	36	6	42	157
Napavine School District	36	64	100	45	6	21	6	22	100
Naselle-Grays River Valley School District	24	52	76	16	14	15	10	21	76
Nespelem School District	11	16	27	12	3	7	0	5	27
Newport School District	70	68	138	66	15	33	6	18	138
Nine Mile Falls School District	105	71	176	39	16	17	75	29	176
Nooksack Valley School District	112	152	264	97	20	43	38	66	264
North Beach School District	45	58	103	48	14	9	9	23	103
North Franklin School District	131	152	283	112	31	61	35	44	283

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
North Kitsap School District	357	447	804	323	58	143	54	226	804
North Mason School District	139	149	288	117	26	50	24	71	288
North River School District	11	8	19	16	1	1	1	0	19
North Thurston Public Schools	953	867	1,820	634	121	420	123	522	1,820
Northport School District	18	26	44	20	4	3	7	10	44
Northshore School District	1,301	934	2,235	1,010	259	396	242	328	2,235
Oak Harbor School District	339	295	634	250	57	95	63	169	634
Oakesdale School District	14	20	34	5	5	6	5	13	34
Oakville School District	25	20	45	23	1	17	4	0	45
Ocean Beach School District	48	91	139	73	10	23	5	28	139
Ocosta School District	49	52	101	47	8	25	10	11	101
Odessa School District	20	29	49	13	11	16	2	7	49
Okanogan School District	69	75	144	78	10	33	7	16	144
Olympia School District	632	599	1,231	524	79	200	95	333	1,231
Omak School District	207	95	302	162	27	93	19	1	302
Onalaska School District	39	63	102	33	16	25	14	14	102
Onion Creek School District	5	12	17	3	5	0	3	6	17
Orcas Island School District	57	56	113	33	17	18	16	29	113
Orchard Prairie School District	7	3	10	7	0	1	1	1	10
Orient School District	7	15	22	8	3	1	2	8	22
Orondo School District	16	22	38	17	5	8	2	6	38
Oroville School District	43	55	98	42	10	17	8	21	98
Orting School District	128	130	258	110	15	48	22	63	258
Othello School District	248	238	486	238	32	127	33	56	486
Palisades School District	2	5	7	0	3	3	1	0	7
Palouse School District	12	12	24	8	7	5	4	0	24
Pasco School District	1,054	903	1,957	936	127	460	163	271	1,957
Pateros School District	24	21	45	26	2	6	6	5	45
Paterson School District	13	11	24	10	0	3	2	9	24
Pe Ell School District	22	40	62	28	5	6	5	18	62
Peninsula School District	571	424	995	466	71	155	90	213	995
Pioneer School District	50	60	110	56	9	14	9	22	110

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Pomeroy School District	17	52	69	0	0	0	0	69	69
Port Angeles School District	220	254	474	214	45	90	52	73	474
Port Townsend School District	82	85	167	64	24	30	17	32	167
Prescott School District	21	21	42	23	4	7	2	6	42
Prosser School District	194	192	386	146	22	101	37	80	386
Pullman School District	152	144	296	136	16	65	17	62	296
Puyallup School District	1,230	1,047	2,277	988	154	275	240	620	2,277
Queets-Clearwater School District	5	8	13	6	1	4	1	1	13
Quilcene School District	23	32	55	16	0	5	0	34	55
Quillayute Valley School District	72	127	199	103	12	33	16	35	199
Quincy School District	189	179	368	169	14	76	36	73	368
Rainier School District	52	68	120	45	11	18	8	38	120
Raymond School District	44	57	101	43	4	20	4	30	101
Reardan-Edwall School District	41	54	95	33	10	14	6	32	95
Renton School District	1,041	835	1,876	882	124	327	127	416	1,876
Republic School District	19	44	63	18	9	6	6	24	63
Richland School District	676	643	1,319	599	63	270	102	285	1,319
Ridgefield School District	106	93	199	43	23	38	18	77	199
Ritzville School District	23	28	51	9	5	12	12	13	51
Riverside School District	102	88	190	87	27	30	16	30	190
Riverview School District	200	177	377	167	35	61	26	88	377
Rochester School District	138	116	254	103	19	68	23	41	254
Roosevelt School District	3	4	7	6	0	0	0	1	7
Rosalia School District	21	23	44	18	9	5	4	8	44
Royal School District	93	104	197	115	9	42	21	10	197
San Juan Island School District	55	68	123	45	11	13	19	35	123
Satsop School District	5	6	11	4	0	1	1	5	11
Seattle Public Schools	3,711	2,203	5,914	3,034	549	1,261	552	518	5,914
Sedro-Woolley School District	253	323	576	251	47	107	50	121	576
Selah School District	222	178	400	191	40	99	26	44	400
Selkirk School District	23	44	67	11	7	5	7	37	67
Sequim School District	170	202	372	131	35	57	45	104	372

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	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Shaw Island School District	3	4	7	2	2	0	1	2	7
Shelton School District	230	323	553	309	51	98	41	54	553
Shoreline School District	578	488	1,066	455	91	190	114	216	1,066
Skamania School District	5	8	13	4	3	2	3	1	13
Skykomish School District	11	9	20	10	4	3	0	3	20
Snohomish School District	589	499	1,088	396	91	234	125	242	1,088
Snoqualmie Valley School District	281	350	631	282	49	103	68	129	631
Soap Lake School District	37	30	67	29	8	18	4	8	67
South Bend School District	31	63	94	28	4	20	3	39	94
South Kitsap School District	529	588	1,117	454	80	217	72	294	1,117
South Whidbey School District	103	80	183	83	22	30	24	24	183
Southside School District	11	10	21	9	1	7	2	2	21
Spokane School District	2,233	1,648	3,881	1,380	217	670	780	834	3,881
Sprague School District	13	15	28	8	4	4	4	8	28
St. John School District	16	31	47	7	4	9	5	22	47
Stanwood-Camano School District	277	269	546	216	40	102	57	131	546
Star School District	2	4	6	1	0	0	1	4	6
Starbuck School District	2	8	10	3	1	1	0	5	10
Stehekin School District	1	3	4	0	1	0	0	3	4
Steilacoom Hist. School District	200	142	342	143	21	59	19	100	342
Steptoe School District	5	5	10	1	3	0	4	2	10
Stevenson-Carson School District	57	91	148	63	19	6	20	40	148
Sultan School District	92	140	232	97	16	46	34	39	232
Summit Valley School District	8	9	17	12	1	4	0	0	17
Sumner School District	536	527	1,063	410	59	113	177	304	1,063
Sunnyside School District	424	357	781	426	55	229	38	33	781
Tacoma School District	2,072	1,394	3,466	1,160	516	492	682	616	3,466
Taholah School District	18	33	51	20	5	7	4	15	51
Tahoma School District	415	440	855	385	47	198	73	152	855
Tekoa School District	21	21	42	10	1	12	6	13	42
Tenino School District	74	90	164	62	16	27	10	49	164
Thorp School District	17	17	34	8	5	5	2	14	34

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Toledo School District	46	44	90	38	4	20	10	18	90
Tonasket School District	57	102	159	60	16	29	21	33	159
Toppenish School District	250	214	464	188	48	106	42	80	464
Touchet School District	21	22	43	17	5	4	4	13	43
Toutle Lake School District	36	45	81	38	7	14	11	11	81
Trout Lake School District	15	14	29	12	4	1	4	8	29
Tukwila School District	194	147	341	58	6	15	4	258	341
Tumwater School District	443	386	829	373	49	170	57	180	829
Union Gap School District	41	38	79	47	10	16	3	3	79
University Place School District	371	272	643	296	36	116	53	142	643
Valley School District	41	73	114	46	9	9	13	37	114
Vancouver School District	1,491	1,298	2,789	1,233	186	614	214	542	2,789
Vashon Island School District	104	80	184	71	16	31	21	45	184
Wahkiakum School District	19	50	69	10	12	6	20	21	69
Wahluke School District	142	128	270	158	25	42	34	11	270
Waitsburg School District	21	21	42	21	5	10	3	3	42
Walla Walla Public Schools	409	433	842	378	56	212	65	131	842
Wapato School District	227	175	402	185	37	123	34	23	402
Warden School District	71	82	153	20	20	12	28	73	153
Washougal School District	172	242	414	207	30	30	28	119	414
Washtucna School District	15	16	31	12	3	5	3	8	31
Waterville School District	15	37	52	13	6	11	4	18	52
Wellpinit School District	37	39	76	44	1	17	4	10	76
Wenatchee School District	548	506	1,054	444	69	232	81	228	1,054
West Valley School District (Spokane)	249	267	516	209	55	93	46	113	516
West Valley School District (Yakima)	295	257	552	224	40	162	57	69	552
White Pass School District	32	53	85	36	2	10	3	34	85
White River School District	216	212	428	135	16	62	35	180	428
White Salmon Valley School District	73	104	177	70	18	8	20	61	177
Wilbur School District	15	39	54	19	9	7	3	16	54
Willapa Valley School District	26	31	57	27	1	5	6	18	57
Wilson Creek School District	13	19	32	16	0	6	7	3	32

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District	Employees by Status			Enrolled Employees by Coverage Tier					
	Certificated	Classified	Total	EE	ES	EC	EF	Not Enr.	Total
Winlock School District	30	70	100	46	12	14	9	19	100
Wishkah Valley School District	16	15	31	18	2	3	1	7	31
Wishram School District	11	12	23	10	3	1	6	3	23
Woodland School District	117	226	343	151	21	65	21	85	343
Yakima School District	991	780	1,771	850	168	526	152	0	1,696
Yelm School District	344	369	713	304	50	114	48	197	713
Zillah School District	70	78	148	69	12	47	9	11	148
Grand Total	**67,074**	**59,878**	**126,952**	**54,557**	**10,248**	**24,206**	**12,262**	**25,604**	**126,877**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Aberdeen School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0501	1	2	3
				SD Plan 0579	4	0	4
				SD Plan 3504	1	1	2
		Yes	**No**	SD Plan 0579	4	2	6
				SD Plan 3504	1	1	2
	CITY/COUNTY	No	**Yes**	SD Plan 0251	4	0	4
				SD Plan 0501	4	3	7
				SD Plan 0579	16	2	18
				SD Plan 0583	1	0	1
				SD Plan 3504	1	0	1
				SD Plan 3507	1	1	2
				SD Plan 3511	1	1	2
	PRINCIPAL'S ASSOC	Yes	**No**	SD Plan 0501	1	2	3
				SD Plan 0579	6	2	8
				SD Plan 0583	1	0	1
				SD Plan 3511	1	1	2
	PSE	No	**Yes**	SD Plan 0251	31	0	31
				SD Plan 0501	30	25	55
				SD Plan 0579	59	18	77
				SD Plan 3504	21	14	35
				SD Plan 3507	10	7	17
				SD Plan 3511	2	3	5
	TEACHERS POOL	Yes	**No**	SD Plan 0251	6	0	6
				SD Plan 0501	30	53	83
				SD Plan 0579	139	83	222
				SD Plan 0583	10	11	21
				SD Plan 3504	19	30	49
				SD Plan 3507	7	14	21
	TRANSP & FOOD	No	**Yes**	SD Plan 0251	13	0	13
				SD Plan 0501	9	8	17
				SD Plan 0579	12	4	16
				SD Plan 3504	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3507	2	3	5
				SD Plan 3511	1	0	1
	UNAFFILIATED	No	**Yes**	SD Plan 0251	8	5	13
				SD Plan 0501	3	3	6
				SD Plan 0579	7	1	8
				SD Plan 3504	1	0	1
				SD Plan 3507	1	3	4
Aberdeen School District Total					**472**	**303**	**775**
Adna School District	**CERTIFICATED - BENEFITS O**	Yes	**No**	SD Plan 0500	9	11	20
				SD Plan 0501	3	1	4
				SD Plan 0579	11	17	28
				SD Plan 0580	4	4	8
	CLASSIFIED - BENEFITS OFFI	No	**Yes**	SD Plan 0500	7	8	15
				SD Plan 0501	1	0	1
				SD Plan 0579	1	2	3
Adna School District Total					**36**	**43**	**79**
Almira School District	**CERTIFICATED**	Yes	**No**	SD Plan 0072	11	15	26
	CLASSIFIED	No	**Yes**	SD Plan 0072	8	9	17
				SD Plan 0537	2	5	7
Almira School District Total					**21**	**29**	**50**
Anacortes School District	**AEA 1MC**	Yes	**No**	SD Plan 0082	11	0	11
				SD Plan 0084	2	0	2
				SD Plan 0525	67	0	67
				SD Plan 0527	23	0	23
				SD Plan 0528	28	0	28
	PARAEDS 2MA	No	**Yes**	SD Plan 0082	3	0	3
				SD Plan 0525	17	0	17
				SD Plan 0527	5	0	5
				SD Plan 0528	5	0	5
	SEC 2MS	No	**Yes**	SD Plan 0525	10	0	10
				SD Plan 0527	3	0	3
				SD Plan 0528	1	0	1

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	SEIU 2MBUS 2MU	No	**Yes**	SD Plan 0082	1	0	1
				SD Plan 0105	1	0	1
				SD Plan 0525	19	0	19
				SD Plan 0527	2	0	2
				SD Plan 0528	9	0	9
	UNREP 1MS 2MX 2MC	No	**Yes**	SD Plan 0082	4	0	4
				SD Plan 0525	10	0	10
				SD Plan 0527	1	0	1
				SD Plan 0528	10	0	10
		Yes	**No**	SD Plan 0525	2	0	2
				SD Plan 0527	1	0	1
Anacortes School District Total					**235**	**0**	**235**
Arlington School District	**Cabinet Pool**	No	**Yes**	SD Plan 0295	1	0	1
		Yes	**No**	SD Plan 0292	1	0	1
				SD Plan 0294	1	0	1
				SD Plan 0295	1	0	1
				SD Plan 0296	1	0	1
	Certificated Pool	No	**Yes**	SD Plan 0292	1	0	1
				SD Plan 0293	1	0	1
				SD Plan 0294	1	0	1
				SD Plan 0295	1	0	1
				SD Plan 0297	1	0	1
		Yes	**No**	SD Plan 0292	22	0	22
				SD Plan 0293	2	0	2
				SD Plan 0294	88	0	88
				SD Plan 0295	21	0	21
				SD Plan 0296	68	0	68
				SD Plan 0297	55	0	55
	Classified Pool	No	**Yes**	SD Plan 0292	13	0	13
				SD Plan 0293	1	0	1
				SD Plan 0294	41	0	41
				SD Plan 0295	18	0	18

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0296	48	0	48
				SD Plan 0297	50	0	50
	EXE POOL	No	**Yes**	SD Plan 0292	1	0	1
				SD Plan 0294	5	0	5
				SD Plan 0295	2	0	2
				SD Plan 0296	6	0	6
				SD Plan 0297	1	0	1
	PRINC PO	Yes	**No**	SD Plan 0293	2	0	2
				SD Plan 0294	7	0	7
				SD Plan 0296	7	0	7
Arlington School District Total					**468**	**0**	**468**
Asotin-Anatone School District	**CERTIFICATED**	Yes	**No**	SD Plan 1585	1	0	1
				SD Plan 1586	2	0	2
				SD Plan 1588	1	0	1
				SD Plan 1589	1	0	1
				SD Plan 1590	6	0	6
				SD Plan 3992	5	0	5
				SD Plan 3996	1	0	1
				SD Plan 3997	12	0	12
				SD Plan 4000	5	0	5
				SD Plan 4001	4	0	4
				SD Plan 4002	1	0	1
	CERTIFICATED ADMIN	Yes	**No**	SD Plan 1589	1	0	1
				SD Plan 3997	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 1586	2	0	2
				SD Plan 1588	3	0	3
				SD Plan 1589	4	0	4
				SD Plan 1590	8	0	8
				SD Plan 3992	4	0	4
				SD Plan 4001	1	0	1
				SD Plan 4002	1	0	1
	CLASSIFIED SUPERVISOR	No	**Yes**	SD Plan 1590	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3992	1	0	1
				SD Plan 3997	3	0	3
Asotin-Anatone School District Total					**70**	**0**	**70**
Auburn School District	**Administators**	Yes	**No**	SD Plan 0185	3	0	3
				SD Plan 0186	3	0	3
				SD Plan 0187	1	0	1
				SD Plan 0746	17	0	17
				SD Plan 0747	9	0	9
				SD Plan 0749	4	0	4
				SD Plan 0750	4	0	4
	AEA	No	**Yes**	SD Plan 0185	9	0	9
				SD Plan 0186	4	0	4
				SD Plan 0187	2	0	2
				SD Plan 0746	48	0	48
				SD Plan 0747	18	0	18
				SD Plan 0749	36	0	36
				SD Plan 0750	26	0	26
		Yes	**No**	SD Plan 0185	46	0	46
				SD Plan 0186	22	0	22
				SD Plan 0187	11	0	11
				SD Plan 0547	7	0	7
				SD Plan 0746	283	0	283
				SD Plan 0747	91	0	91
				SD Plan 0749	110	0	110
				SD Plan 0750	84	0	84
	HEAD ST	No	**Yes**	SD Plan 0185	3	0	3
				SD Plan 0186	1	0	1
				SD Plan 0746	4	0	4
				SD Plan 0747	2	0	2
				SD Plan 0749	1	0	1
				SD Plan 0750	1	0	1
	NON REP	No	**Yes**	SD Plan 0547	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0746	8	0	8
				SD Plan 0747	4	0	4
				SD Plan 0750	4	0	4
	PRINCIPALS	Yes	**No**	SD Plan 0185	2	0	2
				SD Plan 0186	3	0	3
				SD Plan 0187	1	0	1
				SD Plan 0547	2	0	2
				SD Plan 0746	12	0	12
				SD Plan 0747	3	0	3
				SD Plan 0749	5	0	5
				SD Plan 0750	5	0	5
	PROF-SUP	No	**Yes**	SD Plan 0185	1	0	1
				SD Plan 0746	14	0	14
				SD Plan 0747	5	0	5
				SD Plan 0749	4	0	4
				SD Plan 0750	10	0	10
	PSE	No	**Yes**	SD Plan 0185	37	0	37
				SD Plan 0186	20	0	20
				SD Plan 0187	9	0	9
				SD Plan 0547	1	0	1
				SD Plan 0746	110	0	110
				SD Plan 0747	80	0	80
				SD Plan 0749	42	0	42
				SD Plan 0750	46	0	46
	SECRETARIES	No	**Yes**	SD Plan 0185	3	0	3
				SD Plan 0186	2	0	2
				SD Plan 0187	4	0	4
				SD Plan 0746	36	0	36
				SD Plan 0747	14	0	14
				SD Plan 0749	10	0	10
				SD Plan 0750	6	0	6
	TRANSPORTATION	No	**Yes**	SD Plan 0185	9	0	9

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0186	2	0	2
				SD Plan 0746	18	0	18
				SD Plan 0747	10	0	10
				SD Plan 0749	14	0	14
				SD Plan 0750	10	0	10
Auburn School District Total					**1,417**	**0**	**1,417**
Bainbridge Island School District	**ADMIN**	No	**Yes**	SD Plan 0547	1	1	2
				SD Plan 0748	2	0	2
				SD Plan 3260	1	0	1
				SD Plan 3387	1	1	2
		Yes	**No**	SD Plan 0547	4	4	8
				SD Plan 0748	7	6	13
				SD Plan 0751	1	0	1
				SD Plan 3249	1	0	1
				SD Plan 3387	1	0	1
	ANNUAL	No	**Yes**	SD Plan 0547	1	0	1
				SD Plan 3260	1	0	1
	BIEA	Yes	**No**	SD Plan 0198	5	10	15
				SD Plan 0217	3	1	4
				SD Plan 0547	25	9	34
				SD Plan 0572	8	7	15
				SD Plan 0748	49	16	65
				SD Plan 0751	38	27	65
				SD Plan 0752	15	11	26
				SD Plan 3249	1	0	1
				SD Plan 3260	16	11	27
				SD Plan 3269	8	10	18
				SD Plan 3382	4	0	4
				SD Plan 3384	16	3	19
				SD Plan 3385	2	1	3
				SD Plan 3387	16	7	23
	BIESPA	No	**Yes**	SD Plan 0198	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0217	10	9	19
				SD Plan 0547	13	2	15
				SD Plan 0572	5	0	5
				SD Plan 0747	1	0	1
				SD Plan 0748	15	5	20
				SD Plan 0751	22	18	40
				SD Plan 0752	7	1	8
				SD Plan 3249	1	0	1
				SD Plan 3260	13	1	14
				SD Plan 3269	3	4	7
				SD Plan 3381	1	0	1
				SD Plan 3382	2	0	2
				SD Plan 3383	2	0	2
				SD Plan 3384	5	1	6
				SD Plan 3385	1	0	1
				SD Plan 3386	2	0	2
				SD Plan 3387	19	10	29
	NONREP	No	**Yes**	SD Plan 0547	1	0	1
				SD Plan 0751	4	3	7
				SD Plan 0752	1	0	1
				SD Plan 3260	1	0	1
				SD Plan 3269	2	0	2
				SD Plan 3384	1	0	1
				SD Plan 3387	1	0	1
Bainbridge Island School District Total					**363**	**179**	**542**
Battle Ground School District	**ADMIN SUPPORT (UNREP)**	No	**Yes**	SD Plan 0234	14	0	14
				SD Plan 3816	5	0	5
				SD Plan 3821	11	0	11
				SD Plan 4122	7	0	7
	ADMINISTRATORS	No	**Yes**	SD Plan 0234	2	0	2
				SD Plan 3821	3	0	3
				SD Plan 4122	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	**No**	SD Plan 0234	4	0	4
				SD Plan 3821	4	0	4
	BGEA (REP)	Yes	**No**	SD Plan 0234	256	0	256
				SD Plan 0236	9	0	9
				SD Plan 3771	38	0	38
				SD Plan 3816	57	0	57
				SD Plan 3821	224	0	224
				SD Plan 4122	64	0	64
	NEW HIRES AFTER OCT 1	No	**Yes**	SD Plan 0234	2	0	2
				SD Plan 0236	1	0	1
				SD Plan 3771	8	0	8
				SD Plan 4122	1	0	1
		Yes	**No**	SD Plan 0234	14	0	14
				SD Plan 0236	5	0	5
				SD Plan 3771	15	0	15
				SD Plan 3816	5	0	5
				SD Plan 3821	12	0	12
				SD Plan 4122	3	0	3
	PRINCIPALS	Yes	**No**	SD Plan 0234	13	0	13
				SD Plan 0236	1	0	1
				SD Plan 3816	8	0	8
				SD Plan 3821	10	0	10
				SD Plan 4122	7	0	7
	PSE (REPRESENTED)	No	**Yes**	SD Plan 0234	153	0	153
				SD Plan 0236	2	0	2
				SD Plan 3771	28	0	28
				SD Plan 3816	23	0	23
				SD Plan 3821	113	0	113
				SD Plan 4122	24	0	24
Battle Ground School District Total					**1,147**	**0**	**1,147**
Bellevue School District	**AISP - 20**	No	**Yes**	SD Plan 0505	11	9	20
				SD Plan 0506	13	17	30

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0508	14	15	29
				SD Plan 0509	6	4	10
				SD Plan 0510	1	0	1
				SD Plan 1596	1	0	1
				SD Plan 1600	12	5	17
				SD Plan 4101	3	1	4
	AISP - 30	No	**Yes**	SD Plan 0505	24	19	43
				SD Plan 0506	35	33	68
				SD Plan 0508	26	38	64
				SD Plan 0509	12	15	27
				SD Plan 0510	2	4	6
				SD Plan 1596	8	12	20
				SD Plan 1600	38	31	69
				SD Plan 4101	4	5	9
	AISP - 35	No	**Yes**	SD Plan 0505	88	62	150
				SD Plan 0506	49	62	111
				SD Plan 0508	22	37	59
				SD Plan 0509	8	9	17
				SD Plan 0510	1	3	4
				SD Plan 1596	20	21	41
				SD Plan 1600	48	41	89
				SD Plan 4101	1	1	2
	CABINET	No	**Yes**	SD Plan 0505	6	12	18
				SD Plan 0506	2	4	6
				SD Plan 0508	1	1	2
				SD Plan 1596	1	1	2
				SD Plan 1600	1	4	5
	CENTRAL ADMIN	No	**Yes**	SD Plan 0505	4	3	7
				SD Plan 0506	1	3	4
				SD Plan 0509	2	7	9
				SD Plan 1600	1	4	5
	CTSA	No	**Yes**	SD Plan 0505	53	51	104

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				SD Plan 0506	18	21	39
				SD Plan 0508	2	5	7
				SD Plan 0509	2	2	4
				SD Plan 1596	29	10	39
				SD Plan 1600	10	14	24
	CUSTODIANS - 20	No	**Yes**	SD Plan 1600	1	0	1
	CUSTODIANS - 35	No	**Yes**	SD Plan 0505	31	12	43
				SD Plan 0506	22	33	55
				SD Plan 0508	7	14	21
				SD Plan 0510	3	4	7
				SD Plan 1596	11	4	15
				SD Plan 1600	16	27	43
	MECHANICS	No	**Yes**	SD Plan 0505	5	9	14
				SD Plan 1600	2	4	6
	NUTRITION SVCS - 12	No	**Yes**	SD Plan 0505	6	1	7
				SD Plan 0506	10	12	22
				SD Plan 0508	5	8	13
				SD Plan 0509	2	5	7
				SD Plan 0510	1	2	3
				SD Plan 1596	1	0	1
				SD Plan 1600	11	13	24
	NUTRITION SVCS - 35	No	**Yes**	SD Plan 0505	5	2	7
				SD Plan 0506	4	5	9
				SD Plan 0508	1	2	3
				SD Plan 0509	1	1	2
				SD Plan 1600	5	8	13
	PEBB	No	**Yes**	SD Plan 1602	3	1	4
				SD Plan 3479	10	15	25
				SD Plan 3489	19	25	44
	PRINCIPALS	No	**Yes**	SD Plan 0505	20	17	37
				SD Plan 0506	10	26	36
				SD Plan 0508	4	10	14

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1596	3	6	9
				SD Plan 1600	5	7	12
	SUPERINTENDENT	No	**Yes**	SD Plan 0506	1	3	4
	TEACHER - 25 TO 35	Yes	**No**	SD Plan 0505	20	11	31
				SD Plan 0506	6	5	11
				SD Plan 0508	9	12	21
				SD Plan 0509	4	7	11
				SD Plan 0510	4	5	9
				SD Plan 1596	3	4	7
				SD Plan 1600	6	5	11
				SD Plan 4101	5	7	12
	TEACHERS - 20	Yes	**No**	SD Plan 0505	23	20	43
				SD Plan 0506	16	14	30
				SD Plan 0508	22	20	42
				SD Plan 0509	3	1	4
				SD Plan 0510	2	1	3
				SD Plan 1596	6	0	6
				SD Plan 1600	14	14	28
	TEACHERS - 40	Yes	**No**	SD Plan 0505	416	269	685
				SD Plan 0506	155	222	377
				SD Plan 0508	77	89	166
				SD Plan 0509	30	45	75
				SD Plan 0510	7	13	20
				SD Plan 1596	153	57	210
				SD Plan 1600	137	152	289
				SD Plan 4101	6	7	13
	TRANSPORTATION	No	**Yes**	SD Plan 0505	37	5	42
				SD Plan 0506	8	15	23
				SD Plan 0508	3	4	7
				SD Plan 1596	7	3	10
				SD Plan 1600	13	14	27
				SD Plan 4101	2	3	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	TRUCK DRIVERS	No	**Yes**	SD Plan 0505	4	4	8
				SD Plan 0506	1	1	2
Bellevue School District Total					**2,004**	**1,891**	**3,895**
Bellingham School District	**BAO**	Yes	**No**	SD Plan 0106	1	0	1
				SD Plan 0108	2	0	2
				SD Plan 0110	5	0	5
				SD Plan 0415	5	0	5
				SD Plan 0527	5	0	5
				SD Plan 0578	15	0	15
				SD Plan 0581	2	0	2
				SD Plan 0631	3	0	3
	BASE	No	**Yes**	SD Plan 0106	8	0	8
				SD Plan 0108	5	0	5
				SD Plan 0110	19	0	19
				SD Plan 0415	18	0	18
				SD Plan 0492	1	0	1
				SD Plan 0527	17	0	17
				SD Plan 0578	119	0	119
				SD Plan 0581	13	0	13
				SD Plan 0631	27	0	27
	BEA	No	**Yes**	SD Plan 0631	1	0	1
		Yes	**No**	SD Plan 0106	17	0	17
				SD Plan 0108	33	0	33
				SD Plan 0110	44	0	44
				SD Plan 0415	57	0	57
				SD Plan 0492	15	0	15
				SD Plan 0527	47	0	47
				SD Plan 0578	313	0	313
				SD Plan 0581	34	0	34
				SD Plan 0631	69	0	69
	NONREP	No	**Yes**	SD Plan 0108	1	0	1
				SD Plan 0110	6	0	6

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				SD Plan 0415	3	0	3
				SD Plan 0492	1	0	1
				SD Plan 0527	1	0	1
				SD Plan 0578	27	0	27
				SD Plan 0581	2	0	2
				SD Plan 0631	8	0	8
	NRADMIN	Yes	**No**	SD Plan 0527	3	0	3
				SD Plan 0578	2	0	2
				SD Plan 0581	1	0	1
				SD Plan 0631	2	0	2
	SEIU	No	**Yes**	SD Plan 0108	4	0	4
				SD Plan 0110	8	0	8
				SD Plan 0415	4	0	4
				SD Plan 0527	3	0	3
				SD Plan 0578	63	0	63
				SD Plan 0581	11	0	11
				SD Plan 0631	14	0	14
	TEAM	No	**Yes**	SD Plan 0108	4	0	4
				SD Plan 0110	6	0	6
				SD Plan 0492	1	0	1
				SD Plan 0527	4	0	4
				SD Plan 0578	27	0	27
				SD Plan 0581	2	0	2
				SD Plan 0631	3	0	3
Bellingham School District Total					**1,106**	**0**	**1,106**
Bethel School District	**CERTIFICATED STAFF**	Yes	**No**	SD Plan 0550	631	0	631
				SD Plan 0551	131	0	131
				SD Plan 0552	36	0	36
				SD Plan 3305	6	0	6
				SD Plan 3306	1	0	1
				SD Plan 3308	97	0	97
				SD Plan 3310	36	0	36

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	CLASSIFIED STAFF	No	**Yes**	SD Plan 0550	308	0	308
				SD Plan 0551	151	0	151
				SD Plan 0552	12	0	12
				SD Plan 3305	6	0	6
				SD Plan 3306	2	0	2
				SD Plan 3308	52	0	52
				SD Plan 3310	50	0	50
				SD Plan 3311	1	0	1
Bethel School District Total					**1,520**	**0**	**1,520**
Bickleton School District	**Certificated all plans offere**	Yes	**No**	SD Plan 4121	8	7	15
	Classified all plans offered	No	**Yes**	SD Plan 4121	4	4	8
Bickleton School District Total					**12**	**11**	**23**
Blaine School District	**ADMN**	Yes	**No**	SD Plan 0576	2	0	2
				SD Plan 0578	1	0	1
				SD Plan 0582	4	0	4
				SD Plan 0583	1	0	1
	BEA	No	**Yes**	SD Plan 0577	1	0	1
				SD Plan 0579	3	0	3
				SD Plan 0581	1	0	1
				SD Plan 0582	1	0	1
				SD Plan 0583	6	0	6
				SD Plan 0585	3	0	3
		Yes	**No**	SD Plan 0577	5	0	5
				SD Plan 0578	5	0	5
				SD Plan 0579	6	0	6
				SD Plan 0581	7	0	7
				SD Plan 0582	6	0	6
				SD Plan 0583	52	0	52
				SD Plan 0584	14	0	14
				SD Plan 0585	8	0	8
	NREP	No	**Yes**	SD Plan 0576	1	0	1
				SD Plan 0581	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0582	2	0	2
				SD Plan 0583	5	0	5
				SD Plan 0585	1	0	1
		Yes	**No**	SD Plan 0582	1	0	1
	SEIU	No	**Yes**	SD Plan 0572	2	0	2
				SD Plan 0575	1	0	1
				SD Plan 0577	3	0	3
				SD Plan 0578	4	0	4
				SD Plan 0579	5	0	5
				SD Plan 0581	15	0	15
				SD Plan 0582	9	0	9
				SD Plan 0583	43	0	43
				SD Plan 0584	5	0	5
				SD Plan 0585	4	0	4
Blaine School District Total					**228**	**0**	**228**
Boistfort School District	**CERTIFIED**	Yes	**No**	SD Plan 3505	2	0	2
				SD Plan 3526	5	0	5
	CLASSIFIED	No	**Yes**	SD Plan 3505	2	0	2
				SD Plan 3508	2	0	2
				SD Plan 3511	1	0	1
				SD Plan 3524	1	0	1
				SD Plan 3526	3	0	3
				SD Plan 3533	1	0	1
Boistfort School District Total					**17**	**0**	**17**
Bremerton School District	**ABA**	Yes	**No**	SD Plan 0632	1	0	1
				SD Plan 0637	2	0	2
				SD Plan 0640	2	0	2
				SD Plan 0641	1	0	1
				SD Plan 0642	5	0	5
	BEA	Yes	**No**	SD Plan 0491	1	0	1
				SD Plan 0631	5	0	5
				SD Plan 0632	31	0	31

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0633	3	0	3
				SD Plan 0634	1	0	1
				SD Plan 0635	6	0	6
				SD Plan 0637	40	0	40
				SD Plan 0639	23	0	23
				SD Plan 0640	21	0	21
				SD Plan 0641	34	0	34
				SD Plan 0642	65	0	65
	BPEA	No	**Yes**	SD Plan 0631	3	0	3
				SD Plan 0632	9	0	9
				SD Plan 0633	1	0	1
				SD Plan 0634	1	0	1
				SD Plan 0635	9	0	9
				SD Plan 0637	7	0	7
				SD Plan 0639	18	0	18
				SD Plan 0640	7	0	7
				SD Plan 0641	7	0	7
				SD Plan 0642	28	0	28
	EXADMIN & SUPERVISOR	No	**Yes**	SD Plan 0632	1	0	1
				SD Plan 0637	1	0	1
				SD Plan 0639	2	0	2
				SD Plan 0640	1	0	1
				SD Plan 0642	2	0	2
		Yes	**No**	SD Plan 0637	1	0	1
				SD Plan 0642	4	0	4
	NON-UNION	No	**Yes**	SD Plan 0632	3	0	3
				SD Plan 0635	3	0	3
				SD Plan 0639	2	0	2
				SD Plan 0640	2	0	2
				SD Plan 0641	1	0	1
				SD Plan 0642	2	0	2
	SEIU	No	**Yes**	SD Plan 0631	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0632	3	0	3
				SD Plan 0633	2	0	2
				SD Plan 0634	2	0	2
				SD Plan 0635	3	0	3
				SD Plan 0637	8	0	8
				SD Plan 0639	7	0	7
				SD Plan 0640	4	0	4
				SD Plan 0641	8	0	8
				SD Plan 0642	30	0	30
	WSTSCEA	Yes	**No**	SD Plan 0631	1	0	1
				SD Plan 0632	1	0	1
				SD Plan 0639	1	0	1
				SD Plan 0642	6	0	6
Bremerton School District Total					**433**	**0**	**433**
Brewster School District	**ADMIN**	Yes	**No**	SD Plan 0646	3	3	6
	CLASSIFI	No	**Yes**	SD Plan 0167	8	5	13
				SD Plan 0168	1	0	1
				SD Plan 0646	13	10	23
				SD Plan 0649	6	4	10
				SD Plan 0652	11	5	16
	EXEMPT	No	**Yes**	SD Plan 0646	3	0	3
				SD Plan 0652	1	0	1
	SUPT	Yes	**No**	SD Plan 0646	1	3	4
	TEACHER	No	**Yes**	SD Plan 0168	1	2	3
				SD Plan 0646	1	0	1
		Yes	**No**	SD Plan 0167	4	6	10
				SD Plan 0168	4	8	12
				SD Plan 0169	1	1	2
				SD Plan 0646	24	14	38
				SD Plan 0649	6	5	11
				SD Plan 0652	18	8	26
Brewster School District Total					**106**	**74**	**180**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Bridgeport School District	**ADMINISTRATION**	Yes	**No**	SD Plan 0218	1	0	1
				SD Plan 0514	1	0	1
				SD Plan 0517	1	3	4
				SD Plan 4094	1	0	1
				SD Plan 4096	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 0218	4	3	7
				SD Plan 0219	3	2	5
				SD Plan 0220	2	7	9
				SD Plan 0514	2	0	2
				SD Plan 0516	3	0	3
				SD Plan 0517	2	0	2
				SD Plan 3786	3	9	12
				SD Plan 3792	1	1	2
				SD Plan 4094	14	15	29
				SD Plan 4095	8	15	23
				SD Plan 4096	2	1	3
	CLASSIFIED	No	**Yes**	SD Plan 0218	3	4	7
				SD Plan 0219	1	0	1
				SD Plan 0220	2	2	4
				SD Plan 0225	1	1	2
				SD Plan 0516	4	0	4
				SD Plan 0517	6	1	7
				SD Plan 3786	2	1	3
				SD Plan 3797	1	1	2
				SD Plan 4094	12	6	18
				SD Plan 4095	12	13	25
				SD Plan 4096	1	0	1
		Yes	**No**	SD Plan 0218	1	0	1
Bridgeport School District Total					**95**	**85**	**180**
Brinnon School District	**CERTS**	Yes	**No**	SD Plan 0646	1	0	1
				SD Plan 0648	2	4	6
				SD Plan 0651	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CLASS	No	**Yes**	SD Plan 0648	1	0	1
				SD Plan 0651	2	1	3
				SD Plan 0653	2	1	3
	CLASS Pool - Non-Union	No	**Yes**	SD Plan 0652	1	0	1
Brinnon School District Total					**10**	**6**	**16**
Burlington-Edison School District	**ADMINISTRATORS Certifica**	Yes	**No**	SD Plan 0394	6	0	6
				SD Plan 0396	4	0	4
				SD Plan 0613	4	0	4
	ADMINISTRATORS Classifie	No	**Yes**	SD Plan 0396	1	0	1
				SD Plan 0613	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 0384	11	0	11
				SD Plan 0386	9	0	9
				SD Plan 0388	7	0	7
				SD Plan 0390	100	0	100
				SD Plan 0392	35	0	35
				SD Plan 0547	14	0	14
				SD Plan 0614	16	0	16
				SD Plan 0615	28	0	28
				SD Plan 0751	8	0	8
	CLASSIFIED	No	**Yes**	SD Plan 0384	3	0	3
				SD Plan 0386	3	0	3
				SD Plan 0388	4	0	4
				SD Plan 0390	87	0	87
				SD Plan 0392	30	0	30
				SD Plan 0547	1	0	1
				SD Plan 0614	8	0	8
				SD Plan 0615	23	0	23
				SD Plan 0751	2	0	2
	UNAFFILIATED/ROTC	No	**Yes**	SD Plan 0390	5	0	5
				SD Plan 0615	4	0	4
Burlington-Edison School District Total					**414**	**0**	**414**
Camas School District	**001 CERTS**	Yes	**No**	SD Plan 0404	37	22	59

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0405	17	12	29
				SD Plan 0406	5	10	15
				SD Plan 0407	3	3	6
				SD Plan 0409	84	93	177
				SD Plan 0410	30	51	81
				SD Plan 0411	7	14	21
				SD Plan 0412	4	7	11
				SD Plan 0413	7	11	18
				SD Plan 0414	47	42	89
				SD Plan 0415	105	160	265
	002 PSE	No	**Yes**	SD Plan 0404	11	10	21
				SD Plan 0405	9	20	29
				SD Plan 0406	1	2	3
				SD Plan 0407	4	5	9
				SD Plan 0408	1	2	3
				SD Plan 0409	24	15	39
				SD Plan 0410	16	19	35
				SD Plan 0411	5	6	11
				SD Plan 0412	3	7	10
				SD Plan 0413	1	2	3
				SD Plan 0416	34	22	56
				SD Plan 0418	83	88	171
	003 SEC	No	**Yes**	SD Plan 0404	1	0	1
				SD Plan 0405	3	7	10
				SD Plan 0409	8	9	17
				SD Plan 0414	1	0	1
				SD Plan 0415	10	4	14
	004 PRINC	Yes	**No**	SD Plan 0409	8	21	29
				SD Plan 0415	7	16	23
	005 SUPT/ADMIN	No	**Yes**	SD Plan 0404	1	1	2
				SD Plan 0415	1	1	2
		Yes	**No**	SD Plan 0404	2	7	9

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0409	2	4	6
	006 UNREP	No	**Yes**	SD Plan 0404	1	0	1
				SD Plan 0405	1	0	1
				SD Plan 0406	3	2	5
				SD Plan 0407	1	4	5
				SD Plan 0410	7	11	18
				SD Plan 0414	2	3	5
				SD Plan 0415	9	23	32
		Yes	**No**	SD Plan 0410	2	5	7
				SD Plan 0414	1	1	2
				SD Plan 0415	1	0	1
Camas School District Total					**610**	**742**	**1,352**
Cape Flattery School District	**CFEA**	No	**Yes**	SD Plan 0743	1	0	1
		Yes	**No**	SD Plan 0399	1	0	1
				SD Plan 0600	5	0	5
				SD Plan 0613	8	0	8
				SD Plan 0614	1	0	1
				SD Plan 0648	3	0	3
				SD Plan 0652	4	0	4
				SD Plan 0743	15	0	15
	NONUNION GRP	No	**Yes**	SD Plan 0743	3	0	3
		Yes	**No**	SD Plan 0180	1	0	1
				SD Plan 0743	3	0	3
	PSE	No	**Yes**	SD Plan 0180	4	0	4
				SD Plan 0399	6	0	6
				SD Plan 0600	4	0	4
				SD Plan 0614	3	0	3
				SD Plan 0615	1	0	1
				SD Plan 0648	3	0	3
				SD Plan 0652	6	0	6
				SD Plan 0743	12	0	12
Cape Flattery School District Total					**84**	**0**	**84**

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Carbonado School District	**POOL-CERTIFICATED**	Yes	**No**	SD Plan 0017	3	0	3
				SD Plan 0416	3	0	3
				SD Plan 3989	4	3	7
	POOL-CLASSIFIED	No	**Yes**	SD Plan 0017	1	0	1
				SD Plan 0106	3	6	9
				SD Plan 0416	3	0	3
				SD Plan 0659	1	2	3
				SD Plan 3989	2	2	4
Carbonado School District Total					**20**	**13**	**33**
Cascade School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0579	1	0	1
		Yes	**No**	SD Plan 0579	2	0	2
				SD Plan 0580	2	0	2
	CERTIFIED	Yes	**No**	SD Plan 0256	17	0	17
				SD Plan 0257	3	0	3
				SD Plan 0258	1	0	1
				SD Plan 0501	19	0	19
				SD Plan 0579	19	0	19
				SD Plan 0580	7	0	7
				SD Plan 0659	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0256	11	0	11
				SD Plan 0257	7	0	7
				SD Plan 0258	2	0	2
				SD Plan 0501	11	0	11
				SD Plan 0579	16	0	16
				SD Plan 0580	4	0	4
	DISTRICT OFFICE	No	**Yes**	SD Plan 0579	3	0	3
				SD Plan 0659	1	0	1
Cascade School District Total					**127**	**0**	**127**
Cashmere School District	**ADMIN**	Yes	**No**	SD Plan 0579	7	0	7
	BENFTE CERTIFICATED	Yes	**No**	SD Plan 0298	16	0	16
				SD Plan 0579	57	0	57
	BENFTE CLASSIFIED	No	**Yes**	SD Plan 0298	10	0	10

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				SD Plan 0579	41	0	41
Cashmere School District Total					**131**	**0**	**131**
Castle Rock School District	**1 Certificated**	Yes	**No**	SD Plan 0249	6	4	10
				SD Plan 0313	21	28	49
				SD Plan 0523	24	13	37
				SD Plan 0524	10	19	29
				SD Plan 0526	5	6	11
	2 PSE	No	**Yes**	SD Plan 0249	6	7	13
				SD Plan 0313	29	8	37
				SD Plan 0523	11	6	17
				SD Plan 0524	4	1	5
				SD Plan 0526	10	7	17
	3 Administrators	Yes	**No**	SD Plan 0250	1	3	4
				SD Plan 0523	2	0	2
				SD Plan 0526	1	1	2
	4 District Office	No	**Yes**	SD Plan 0249	1	1	2
				SD Plan 0313	4	4	8
				SD Plan 0523	1	0	1
				SD Plan 0526	1	0	1
	5 Superintendent	Yes	**No**	SD Plan 0523	1	0	1
Castle Rock School District Total					**138**	**108**	**246**
Centerville School District	**AIDE FULL**	No	**Yes**	SD Plan 1181	1	0	1
	BUS DRIVER	No	**Yes**	SD Plan 1181	1	0	1
	COOK PART	No	**Yes**	SD Plan 0473	1	0	1
	PARAPROF	No	**Yes**	SD Plan 1181	1	0	1
	SECRETARY	No	**Yes**	SD Plan 1181	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0473	1	0	1
	TEACH FULL	Yes	**No**	SD Plan 1181	3	0	3
Centerville School District Total					**9**	**0**	**9**
Central Kitsap School District	**ADMINISTRATORS-CERT**	Yes	**No**	SD Plan 0251	2	0	2
				SD Plan 0257	4	0	4
				SD Plan 0258	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0501	12	0	12
				SD Plan 0579	19	0	19
	ADMINISTRATORS-CLASS	No	**Yes**	SD Plan 0251	2	0	2
				SD Plan 0258	2	0	2
				SD Plan 0501	6	0	6
				SD Plan 0579	6	0	6
	CKEA CERTIFICATED	No	**Yes**	SD Plan 0579	1	0	1
		Yes	**No**	SD Plan 0251	136	0	136
				SD Plan 0256	57	0	57
				SD Plan 0257	16	0	16
				SD Plan 0258	21	0	21
				SD Plan 0259	3	0	3
				SD Plan 0501	93	0	93
				SD Plan 0579	194	0	194
				SD Plan 0580	40	0	40
	CKESP CLASSIFIED	No	**Yes**	SD Plan 0251	143	0	143
				SD Plan 0256	62	0	62
				SD Plan 0257	33	0	33
				SD Plan 0258	16	0	16
				SD Plan 0259	1	0	1
				SD Plan 0501	74	0	74
				SD Plan 0579	85	0	85
				SD Plan 0580	18	0	18
		Yes	**No**	SD Plan 0579	1	0	1
Central Kitsap School District Total					**1,048**	**0**	**1,048**
Central Valley School District	**Certificated Administrators**	No	**Yes**	SD Plan 0570	1	0	1
		Yes	**No**	SD Plan 0550	10	0	10
				SD Plan 0551	7	0	7
				SD Plan 0552	6	0	6
				SD Plan 0553	1	0	1
				SD Plan 0561	11	0	11
				SD Plan 0562	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0567	3	0	3
				SD Plan 0568	2	0	2
				SD Plan 0569	8	0	8
				SD Plan 0570	4	0	4
	Classified Administrators	No	**Yes**	SD Plan 0550	1	0	1
				SD Plan 0551	5	0	5
				SD Plan 0552	3	0	3
				SD Plan 0561	3	0	3
				SD Plan 0562	3	0	3
				SD Plan 0567	1	0	1
				SD Plan 0569	1	0	1
				SD Plan 0570	1	0	1
	CVEA Certificated	Yes	**No**	SD Plan 0550	180	0	180
				SD Plan 0554	309	0	309
				SD Plan 0555	90	0	90
				SD Plan 0556	52	0	52
				SD Plan 0557	42	0	42
				SD Plan 0558	14	0	14
				SD Plan 0559	77	0	77
				SD Plan 0560	12	0	12
	PSE Classified	No	**Yes**	SD Plan 0550	123	0	123
				SD Plan 0551	91	0	91
				SD Plan 0552	70	0	70
				SD Plan 0553	3	0	3
				SD Plan 0561	40	0	40
				SD Plan 0562	21	0	21
				SD Plan 0563	9	0	9
				SD Plan 0564	10	0	10
				SD Plan 0565	3	0	3
				SD Plan 0567	7	0	7
				SD Plan 0568	36	0	36
				SD Plan 0569	40	0	40

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0570	18	0	18
	PSEECP Classified	No	**Yes**	SD Plan 0550	3	0	3
				SD Plan 0551	5	0	5
				SD Plan 0552	6	0	6
				SD Plan 0561	1	0	1
				SD Plan 0568	1	0	1
				SD Plan 0570	1	0	1
Central Valley School District Total					**1,337**	**0**	**1,337**
Centralia School District	**DO ADMINISTRATORS Certi**	Yes	**No**	SD Plan 3875	1	0	1
				SD Plan 3884	1	0	1
				SD Plan 3955	1	1	2
	DO ADMINISTRATORS Class	No	**Yes**	SD Plan 3875	1	2	3
	ELEM SECRETARIES	No	**Yes**	SD Plan 3879	1	0	1
				SD Plan 3884	1	1	2
				SD Plan 3886	1	1	2
				SD Plan 3954	2	4	6
	EXEMPT	No	**Yes**	SD Plan 3874	2	0	2
				SD Plan 3875	1	3	4
				SD Plan 3883	1	0	1
				SD Plan 3900	1	0	1
				SD Plan 3954	3	5	8
	FULL TIME TEAMSTERS	No	**Yes**	SD Plan 3242	1	0	1
				SD Plan 3252	2	0	2
				SD Plan 3869	1	0	1
				SD Plan 3874	6	0	6
				SD Plan 3875	2	3	5
				SD Plan 3877	1	1	2
				SD Plan 3878	2	0	2
				SD Plan 3879	1	2	3
				SD Plan 3883	5	0	5
				SD Plan 3884	1	1	2
				SD Plan 3895	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3900	4	0	4
				SD Plan 3901	2	3	5
				SD Plan 3953	2	0	2
				SD Plan 3954	3	8	11
				SD Plan 3955	1	2	3
				SD Plan 3956	1	1	2
				SD Plan 3965	1	4	5
	PART TIME TEAMSTERS	No	**Yes**	SD Plan 3242	1	0	1
				SD Plan 3252	3	0	3
				SD Plan 3869	2	0	2
				SD Plan 3874	8	0	8
				SD Plan 3875	2	1	3
				SD Plan 3876	3	9	12
				SD Plan 3877	4	4	8
				SD Plan 3879	1	0	1
				SD Plan 3883	1	0	1
				SD Plan 3884	1	2	3
				SD Plan 3885	1	3	4
				SD Plan 3895	10	0	10
				SD Plan 3896	2	4	6
				SD Plan 3900	5	1	6
				SD Plan 3901	3	4	7
				SD Plan 3930	2	0	2
				SD Plan 3931	1	3	4
				SD Plan 3953	11	2	13
				SD Plan 3954	4	8	12
				SD Plan 3955	1	3	4
				SD Plan 3956	5	5	10
				SD Plan 3959	1	1	2
				SD Plan 3963	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 3254	1	3	4
				SD Plan 3874	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3875	1	4	5
				SD Plan 3885	1	4	5
				SD Plan 3895	1	0	1
				SD Plan 3900	1	0	1
				SD Plan 3954	1	3	4
				SD Plan 3955	1	2	3
				SD Plan 3956	1	1	2
				SD Plan 3960	1	3	4
	PSE	No	**Yes**	SD Plan 3869	2	0	2
				SD Plan 3871	1	2	3
				SD Plan 3874	4	0	4
				SD Plan 3878	2	0	2
				SD Plan 3879	1	0	1
				SD Plan 3883	4	0	4
				SD Plan 3895	4	0	4
				SD Plan 3900	8	0	8
				SD Plan 3901	1	2	3
				SD Plan 3903	1	1	2
				SD Plan 3930	3	0	3
				SD Plan 3931	1	3	4
				SD Plan 3932	1	3	4
				SD Plan 3953	3	0	3
				SD Plan 3954	1	3	4
				SD Plan 3956	1	1	2
	SUPERVISORS	No	**Yes**	SD Plan 3884	1	2	3
				SD Plan 3886	1	1	2
	TEACHERS	Yes	**No**	SD Plan 3242	2	0	2
				SD Plan 3243	1	0	1
				SD Plan 3252	5	0	5
				SD Plan 3253	1	0	1
				SD Plan 3254	1	0	1
				SD Plan 3869	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3870	1	1	2
				SD Plan 3871	1	5	6
				SD Plan 3874	40	2	42
				SD Plan 3875	16	30	46
				SD Plan 3876	4	9	13
				SD Plan 3877	4	4	8
				SD Plan 3878	1	0	1
				SD Plan 3879	1	2	3
				SD Plan 3880	1	3	4
				SD Plan 3883	10	0	10
				SD Plan 3884	4	8	12
				SD Plan 3885	4	10	14
				SD Plan 3895	1	0	1
				SD Plan 3900	29	4	33
				SD Plan 3901	11	24	35
				SD Plan 3902	2	4	6
				SD Plan 3903	3	4	7
				SD Plan 3931	2	6	8
				SD Plan 3953	2	0	2
				SD Plan 3954	19	41	60
				SD Plan 3955	10	34	44
				SD Plan 3956	9	8	17
				SD Plan 3965	1	3	4
				SD Plan 3966	1	1	2
Centralia School District Total					**369**	**333**	**702**
Chehalis School District	**ADMIN. BUILDING 1**	No	**Yes**	SD Plan 3507	1	0	1
				SD Plan 3526	4	0	4
				SD Plan 3532	2	0	2
				SD Plan 3536	2	0	2
	ADMINISTRATORS	No	**Yes**	SD Plan 3526	1	0	1
		Yes	**No**	SD Plan 3504	1	0	1
				SD Plan 3526	6	0	6

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				SD Plan 3532	1	0	1
				SD Plan 3536	6	0	6
	BUS DRIVERS	No	**Yes**	SD Plan 3511	1	0	1
				SD Plan 3526	1	0	1
				SD Plan 3532	2	0	2
				SD Plan 3536	2	0	2
	BUS MONITORS	No	**Yes**	SD Plan 3511	1	0	1
				SD Plan 3526	1	0	1
				SD Plan 3532	1	0	1
	CUSTODIANS	No	**Yes**	SD Plan 3507	3	0	3
				SD Plan 3526	10	0	10
				SD Plan 3532	2	0	2
				SD Plan 3536	3	0	3
	EDUCATIONAL PARAPROFE	No	**Yes**	SD Plan 3504	7	0	7
				SD Plan 3507	2	0	2
				SD Plan 3511	2	0	2
				SD Plan 3526	25	0	25
				SD Plan 3532	14	0	14
				SD Plan 3536	9	0	9
				SD Plan 3539	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 3536	5	0	5
	TEACHERS	No	**Yes**	SD Plan 3526	3	0	3
				SD Plan 3532	1	0	1
				SD Plan 3536	1	0	1
		Yes	**No**	SD Plan 1842	2	0	2
				SD Plan 3504	28	0	28
				SD Plan 3507	10	0	10
				SD Plan 3511	2	0	2
				SD Plan 3526	80	0	80
				SD Plan 3532	23	0	23
				SD Plan 3536	16	0	16
				SD Plan 3539	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	TEMP/CASUAL TEAMSTERS	No	**Yes**	SD Plan 3504	3	0	3
				SD Plan 3507	5	0	5
				SD Plan 3511	1	0	1
				SD Plan 3526	3	0	3
				SD Plan 3532	3	0	3
Chehalis School District Total					**298**	**0**	**298**
Cheney School District	**.6CERT/108 DAYS**	Yes	**No**	SD Plan 0260	1	0	1
	ADM./210DAYS	Yes	**No**	SD Plan 0260	1	0	1
	CERT AD'L 10DAY	Yes	**No**	SD Plan 0262	1	0	1
				SD Plan 0276	1	0	1
	CERT AD'L 11DAY	Yes	**No**	SD Plan 0260	1	0	1
				SD Plan 0274	1	0	1
	CERT AD'L 13DAY	Yes	**No**	SD Plan 0276	1	0	1
				SD Plan 0278	1	0	1
	CERT AD'L 21DAY	Yes	**No**	SD Plan 0260	2	0	2
				SD Plan 0264	1	0	1
	CERT AD'L 27DAY	Yes	**No**	SD Plan 0260	1	0	1
	CERT AD'L 2DAYS	Yes	**No**	SD Plan 0260	1	0	1
	CERT AD'L 40DAY	Yes	**No**	SD Plan 0260	1	0	1
	CERT AD'L 5DAYS	Yes	**No**	SD Plan 0260	1	0	1
				SD Plan 0264	3	0	3
				SD Plan 0267	2	0	2
				SD Plan 0273	1	0	1
				SD Plan 0274	2	0	2
				SD Plan 0276	1	0	1
				SD Plan 0278	1	0	1
	CERT AD'L 7DAYS	Yes	**No**	SD Plan 0274	1	0	1
	CERT AD'L9 DAYS	Yes	**No**	SD Plan 0260	2	0	2
				SD Plan 0263	2	0	2
				SD Plan 0267	1	0	1
	CERT ADM	Yes	**No**	SD Plan 0264	2	0	2
	CLS YR ROUND	No	**Yes**	SD Plan 0260	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0261	3	0	3
				SD Plan 0263	3	0	3
				SD Plan 0264	1	0	1
				SD Plan 0267	15	0	15
				SD Plan 0269	5	0	5
				SD Plan 0271	1	0	1
				SD Plan 0274	4	0	4
				SD Plan 0277	1	0	1
				SD Plan 0278	3	0	3
				SD Plan 0281	2	0	2
				SD Plan 0284	1	0	1
	CO-PRIN/MS 217D	Yes	**No**	SD Plan 0260	1	0	1
				SD Plan 0264	1	0	1
				SD Plan 0284	1	0	1
	ELEM/DIR/215DAY	Yes	**No**	SD Plan 0263	1	0	1
				SD Plan 0267	1	0	1
				SD Plan 0274	2	0	2
				SD Plan 0276	1	0	1
				SD Plan 0284	1	0	1
	HS PRINC/220DAY	Yes	**No**	SD Plan 0260	1	0	1
				SD Plan 0267	1	0	1
				SD Plan 0274	1	0	1
				SD Plan 0276	1	0	1
	No Benefits Offered - Classi	No	**Yes**	SD Plan 0260	1	0	1
				SD Plan 0267	1	0	1
				SD Plan 0269	1	0	1
				SD Plan 0270	1	0	1
				SD Plan 0278	1	0	1
	REG CERT	Yes	**No**	SD Plan 0260	46	0	46
				SD Plan 0261	6	0	6
				SD Plan 0262	8	0	8
				SD Plan 0263	18	0	18

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0264	24	0	24
				SD Plan 0267	49	0	49
				SD Plan 0269	5	0	5
				SD Plan 0270	2	0	2
				SD Plan 0271	3	0	3
				SD Plan 0273	1	0	1
				SD Plan 0274	16	0	16
				SD Plan 0276	20	0	20
				SD Plan 0277	5	0	5
				SD Plan 0278	18	0	18
				SD Plan 0280	1	0	1
				SD Plan 0281	2	0	2
				SD Plan 0284	3	0	3
	REG CLASSIFIED	No	**Yes**	SD Plan 0260	19	0	19
				SD Plan 0261	9	0	9
				SD Plan 0262	4	0	4
				SD Plan 0263	7	0	7
				SD Plan 0264	17	0	17
				SD Plan 0265	1	0	1
				SD Plan 0267	19	0	19
				SD Plan 0269	1	0	1
				SD Plan 0270	2	0	2
				SD Plan 0271	11	0	11
				SD Plan 0273	4	0	4
				SD Plan 0274	4	0	4
				SD Plan 0276	6	0	6
				SD Plan 0277	1	0	1
				SD Plan 0278	9	0	9
				SD Plan 0281	2	0	2
				SD Plan 0285	1	0	1
				SD Plan 3326	1	0	1
Cheney School District Total					**441**	**0**	**441**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Chewelah School District	**ADMIN**	Yes	**No**	SD Plan 0287	3	9	12
				SD Plan 0637	1	0	1
	CEA	Yes	**No**	SD Plan 0287	24	21	45
				SD Plan 0433	4	5	9
				SD Plan 0637	4	4	8
				SD Plan 0639	5	4	9
				SD Plan 2936	8	21	29
				SD Plan 2937	2	3	5
				SD Plan 4123	2	2	4
	CPEA	No	**Yes**	SD Plan 0287	12	4	16
				SD Plan 0637	5	3	8
				SD Plan 0639	4	0	4
				SD Plan 2936	3	2	5
				SD Plan 2937	2	0	2
				SD Plan 4123	8	6	14
	UNREP	No	**Yes**	SD Plan 0287	3	5	8
				SD Plan 0433	2	2	4
				SD Plan 0639	1	0	1
				SD Plan 4123	1	1	2
Chewelah School District Total					**94**	**92**	**186**
Chimacum School District	**CLASSIFIED**	No	**Yes**	SD Plan 0303	7	1	8
				SD Plan 0304	13	5	18
				SD Plan 0305	6	2	8
				SD Plan 0306	3	2	5
	CUSTODIANS	No	**Yes**	SD Plan 0482	9	0	9
	EXEMPT	No	**Yes**	SD Plan 0303	5	3	8
				SD Plan 0304	2	2	4
				SD Plan 0307	1	3	4
		Yes	**No**	SD Plan 0303	2	2	4
				SD Plan 0304	3	3	6
	TEACHERS	No	**Yes**	SD Plan 0303	1	0	1
				SD Plan 0304	3	2	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0305	2	2	4
				SD Plan 0307	1	1	2
		Yes	**No**	SD Plan 0303	21	13	34
				SD Plan 0304	16	6	22
				SD Plan 0305	8	3	11
				SD Plan 0306	7	2	9
				SD Plan 0307	1	0	1
				SD Plan 0308	3	0	3
	TEAMSTERS	No	**Yes**	SD Plan 0303	2	0	2
				SD Plan 0304	3	0	3
				SD Plan 0305	2	2	4
				SD Plan 0306	2	0	2
Chimacum School District Total					**123**	**54**	**177**
Clarkston School District	**CCA**	No	**Yes**	SD Plan 0091	24	0	24
				SD Plan 0227	17	0	17
				SD Plan 0396	1	0	1
				SD Plan 0526	9	0	9
				SD Plan 0531	11	0	11
				SD Plan 0532	1	0	1
				SD Plan 2069	1	0	1
	CEA	No	**Yes**	SD Plan 0091	10	0	10
				SD Plan 0227	1	0	1
				SD Plan 0526	5	0	5
				SD Plan 0531	2	0	2
		Yes	**No**	SD Plan 0091	40	0	40
				SD Plan 0227	15	0	15
				SD Plan 0396	1	0	1
				SD Plan 0526	56	0	56
				SD Plan 0531	9	0	9
				SD Plan 0532	2	0	2
				SD Plan 2069	1	0	1
	IUOE	No	**Yes**	SD Plan 0115	12	0	12

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				SD Plan 0396	5	0	5
				SD Plan 0494	6	0	6
				SD Plan 0533	3	0	3
				SD Plan 2817	13	0	13
	NON REP	No	**Yes**	SD Plan 0091	7	0	7
				SD Plan 0227	7	0	7
				SD Plan 0526	13	0	13
				SD Plan 0531	1	0	1
		Yes	**No**	SD Plan 0091	6	0	6
				SD Plan 0227	4	0	4
				SD Plan 0526	2	0	2
				SD Plan 0532	1	0	1
				SD Plan 2069	1	0	1
Clarkston School District Total					**287**	**0**	**287**
Cle Elum-Roslyn School District	**Administrator Group**	No	**Yes**	SD Plan 2134	1	1	2
		Yes	**No**	SD Plan 2134	4	11	15
	CLASSIFIED	No	**Yes**	SD Plan 2132	1	2	3
				SD Plan 2133	11	12	23
				SD Plan 3861	1	1	2
				SD Plan 3889	15	11	26
				SD Plan 3891	3	3	6
	Dist Office/Maint/IT	No	**Yes**	SD Plan 2134	6	11	17
		Yes	**No**	SD Plan 2134	1	2	3
	Teacher Benefits	Yes	**No**	SD Plan 2132	4	7	11
				SD Plan 2133	18	16	34
				SD Plan 3889	14	11	25
				SD Plan 3890	1	0	1
				SD Plan 3891	13	9	22
				SD Plan 3892	1	1	2
				SD Plan 3893	2	5	7
				SD Plan 3894	1	0	1
Cle Elum-Roslyn School District Total					**97**	**103**	**200**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Clover Park School District	**Classified Directors**	No	**Yes**	SD Plan 0505	4	1	5
				SD Plan 0506	2	5	7
				SD Plan 0507	1	0	1
				SD Plan 0509	1	1	2
	CPEA	Yes	**No**	SD Plan 0505	265	155	420
				SD Plan 0506	115	118	233
				SD Plan 0507	132	67	199
				SD Plan 0508	45	59	104
				SD Plan 0509	14	22	36
				SD Plan 0510	4	8	12
				SD Plan 0511	6	17	23
				SD Plan 0512	129	90	219
	ESPCP	No	**Yes**	SD Plan 0505	104	49	153
				SD Plan 0506	52	39	91
				SD Plan 0507	98	24	122
				SD Plan 0508	27	22	49
				SD Plan 0509	9	6	15
				SD Plan 0510	7	2	9
				SD Plan 0511	2	0	2
				SD Plan 0512	71	31	102
	IUOE	No	**Yes**	SD Plan 0505	17	6	23
				SD Plan 0506	15	19	34
				SD Plan 0507	28	4	32
				SD Plan 0508	8	21	29
				SD Plan 0509	3	6	9
				SD Plan 0511	1	4	5
				SD Plan 0512	19	10	29
	Nonbarg Cert	No	**Yes**	SD Plan 0505	1	0	1
		Yes	**No**	SD Plan 0505	8	6	14
				SD Plan 0506	5	1	6
				SD Plan 0507	1	0	1
				SD Plan 0508	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0509	1	1	2
				SD Plan 0512	1	0	1
	Nonbarg Classified	No	**Yes**	SD Plan 0505	13	8	21
				SD Plan 0506	6	7	13
				SD Plan 0507	7	6	13
				SD Plan 0509	3	5	8
				SD Plan 0512	5	4	9
	PRINCIPALS	Yes	**No**	SD Plan 0505	11	13	24
				SD Plan 0506	5	11	16
				SD Plan 0507	8	5	13
				SD Plan 0508	3	8	11
				SD Plan 0509	2	7	9
				SD Plan 0512	3	6	9
Clover Park School District Total					**1,263**	**876**	**2,139**
Colfax School District	**BUILDING ADMIN**	Yes	**No**	SD Plan 0642	1	0	1
				SD Plan 4125	1	5	6
	CERTIFICATED	No	**Yes**	SD Plan 0427	4	5	9
				SD Plan 0642	4	4	8
		Yes	**No**	SD Plan 0422	4	4	8
				SD Plan 0423	3	9	12
				SD Plan 0425	1	0	1
				SD Plan 0427	8	5	13
				SD Plan 0642	8	5	13
				SD Plan 4125	6	6	12
	CLASSIFIED	No	**Yes**	SD Plan 0637	14	7	21
				SD Plan 0640	2	4	6
	DISTRICT ADMIN CERTIFICA	Yes	**No**	SD Plan 0428	1	2	3
	DISTRICT ADMIN CLASSIFIE	No	**Yes**	SD Plan 0427	2	1	3
				SD Plan 0428	2	7	9
Colfax School District Total					**61**	**64**	**125**
College Place School District	**Cert Admin**	Yes	**No**	SD Plan 0370	1	1	2
				SD Plan 0372	1	4	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0373	1	1	2
				SD Plan 0376	1	2	3
	Class Admin	No	**Yes**	SD Plan 0371	1	0	1
				SD Plan 0374	1	1	2
	Faculty	Yes	**No**	SD Plan 0370	2	1	3
				SD Plan 0371	1	0	1
				SD Plan 0372	16	25	41
				SD Plan 0373	14	11	25
				SD Plan 0374	9	17	26
				SD Plan 0375	5	11	16
				SD Plan 0376	2	0	2
				SD Plan 2476	1	0	1
	Full Time	No	**Yes**	SD Plan 0370	2	0	2
				SD Plan 0372	1	2	3
				SD Plan 0374	1	0	1
				SD Plan 0375	3	7	10
	Full Time - 6.5	No	**Yes**	SD Plan 0373	1	0	1
	Reg Part-Time	No	**Yes**	SD Plan 0370	1	0	1
				SD Plan 0372	8	3	11
				SD Plan 0373	14	3	17
				SD Plan 0374	6	2	8
				SD Plan 0375	6	4	10
				SD Plan 0376	1	0	1
				SD Plan 2476	2	0	2
	SUPERINTENDENT	Yes	**No**	SD Plan 0372	1	4	5
College Place School District Total					**103**	**99**	**202**
Colton School District	**CERTIFICATED**	Yes	**No**	SD Plan 0749	12	0	12
				SD Plan 0750	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 0749	5	0	5
				SD Plan 0752	3	0	3
Colton School District Total					**22**	**0**	**22**
Columbia (Stevens) School District	**Certified Employees**	No	**Yes**	SD Plan 0537	1	3	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	**No**	SD Plan 0537	10	7	17
				SD Plan 3218	4	3	7
	Classified Employees	No	**Yes**	SD Plan 0537	13	4	17
				SD Plan 3218	1	0	1
Columbia (Stevens) School District Total					**29**	**17**	**46**
Columbia (Walla Walla) School District	**CERT FULL TIME**	Yes	**No**	SD Plan 0330	1	0	1
				SD Plan 0331	1	0	1
				SD Plan 0333	2	0	2
				SD Plan 0338	24	0	24
				SD Plan 0340	2	0	2
				SD Plan 0344	1	0	1
				SD Plan 0356	3	0	3
				SD Plan 0358	4	0	4
				SD Plan 0554	6	0	6
				SD Plan 0555	2	0	2
				SD Plan 0559	1	0	1
	CLASS FULL TIME	No	**Yes**	SD Plan 0338	4	0	4
				SD Plan 0339	1	0	1
				SD Plan 0355	3	0	3
				SD Plan 0554	1	0	1
	CLASS PART TIME	No	**Yes**	SD Plan 0330	1	0	1
				SD Plan 0331	1	0	1
				SD Plan 0333	1	0	1
				SD Plan 0338	12	0	12
				SD Plan 0340	1	0	1
				SD Plan 0342	1	0	1
				SD Plan 0343	1	0	1
				SD Plan 0344	1	0	1
				SD Plan 0354	2	0	2
				SD Plan 0356	1	0	1
				SD Plan 0357	1	0	1
				SD Plan 0554	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0559	1	0	1
	PRIN/ADMIN	Yes	**No**	SD Plan 0340	3	0	3
				SD Plan 0344	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0339	1	0	1
Columbia (Walla Walla) School District Total					**90**	**0**	**90**
Colville School District	**CAEOP 205 DAY**	No	**Yes**	SD Plan 1222	4	1	5
				SD Plan 1223	2	0	2
				SD Plan 1224	1	0	1
				SD Plan 1225	2	1	3
	CAEOP 260 DAY	No	**Yes**	SD Plan 1223	1	0	1
	CEA < 1.0 FTE	Yes	**No**	SD Plan 1223	3	2	5
				SD Plan 1224	1	0	1
	CEA 183 DAY	No	**Yes**	SD Plan 1222	1	0	1
				SD Plan 1227	1	1	2
		Yes	**No**	SD Plan 1215	8	0	8
				SD Plan 1222	41	43	84
				SD Plan 1223	28	61	89
				SD Plan 1224	7	15	22
				SD Plan 1225	4	8	12
				SD Plan 1226	2	2	4
				SD Plan 1227	5	4	9
				SD Plan 1229	2	3	5
	CEA 188 DAY	Yes	**No**	SD Plan 1222	1	0	1
				SD Plan 1227	1	0	1
	CEA 193 DAY	Yes	**No**	SD Plan 1222	1	2	3
				SD Plan 1223	1	1	2
	CEA 203 DAY	Yes	**No**	SD Plan 1222	1	0	1
	CERT ADM 204 DY	No	**Yes**	SD Plan 1222	1	2	3
		Yes	**No**	SD Plan 1222	2	2	4
				SD Plan 1223	1	1	2
	CERT ADM 215 DY	Yes	**No**	SD Plan 1222	1	0	1
				SD Plan 1223	2	7	9

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	CLASS INACTIVE	No	**Yes**	SD Plan 1224	1	1	2
				SD Plan 1227	1	0	1
	CLASS N/R 1.0	No	**Yes**	SD Plan 1215	1	0	1
				SD Plan 1220	1	0	1
				SD Plan 1222	3	0	3
				SD Plan 1223	2	4	6
				SD Plan 1224	3	8	11
				SD Plan 1226	1	4	5
				SD Plan 1227	3	0	3
	CLASS N/R 180DY	No	**Yes**	SD Plan 1222	1	0	1
	CLASS N/R 200DY	No	**Yes**	SD Plan 1222	1	0	1
	CLASS N/R 215DY	No	**Yes**	SD Plan 1222	1	0	1
	CLASS SUBS	No	**Yes**	SD Plan 1229	1	0	1
	MAIL CARRIER	No	**Yes**	SD Plan 1224	1	0	1
	PSE P/E & N/S	No	**Yes**	SD Plan 1220	1	0	1
				SD Plan 1222	4	1	5
				SD Plan 1223	5	3	8
				SD Plan 1224	5	2	7
				SD Plan 1225	1	1	2
				SD Plan 1226	1	2	3
				SD Plan 1227	10	0	10
				SD Plan 1229	1	0	1
	PSE-CUST	No	**Yes**	SD Plan 1215	2	0	2
				SD Plan 1222	3	0	3
				SD Plan 1223	3	1	4
				SD Plan 1224	1	0	1
				SD Plan 1227	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 1227	1	0	1
Colville School District Total					**185**	**183**	**368**
Concrete School District	**CERTIFIED**	No	**Yes**	SD Plan 0327	1	0	1
				SD Plan 0746	1	1	2
				SD Plan 0749	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	**No**	SD Plan 0326	1	1	2
				SD Plan 0327	10	2	12
				SD Plan 0328	4	2	6
				SD Plan 0329	5	5	10
				SD Plan 0745	3	1	4
				SD Plan 0746	2	0	2
				SD Plan 0749	5	10	15
	CLASSIFIED	No	**Yes**	SD Plan 0326	2	1	3
				SD Plan 0327	10	3	13
				SD Plan 0328	2	0	2
				SD Plan 0329	3	1	4
				SD Plan 0746	3	0	3
				SD Plan 0747	1	0	1
				SD Plan 0749	6	5	11
	NBO CLASSIFIED	No	**Yes**	SD Plan 0749	1	1	2
Concrete School District Total					**61**	**33**	**94**
Conway School District	**Cert Admin**	Yes	**No**	SD Plan 0369	2	0	2
	CERTIFICATED	No	**Yes**	SD Plan 0369	5	0	5
		Yes	**No**	SD Plan 0369	18	0	18
	CLASSIFIED	No	**Yes**	SD Plan 0369	20	0	20
Conway School District Total					**45**	**0**	**45**
Cosmopolis School District	**CLASSIFIED/12**	No	**Yes**	SD Plan 0319	1	0	1
	CLASSIFIED/9	No	**Yes**	SD Plan 0319	3	0	3
				SD Plan 4168	1	0	1
				SD Plan 4169	1	0	1
	TEACHER	Yes	**No**	SD Plan 0319	5	0	5
				SD Plan 0320	1	0	1
				SD Plan 4168	2	0	2
Cosmopolis School District Total					**14**	**0**	**14**
Coulee-Hartline School District	**CLASSIFIED**	No	**Yes**	SD Plan 0420	11	10	21
				SD Plan 0421	1	0	1
	CLASSIFIED ADM	No	**Yes**	SD Plan 0420	2	3	5

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	PRINCIPAL	No	**Yes**	SD Plan 0420	1	5	6
	SUPERINTENDENT	Yes	**No**	SD Plan 0420	1	1	2
	TEACHER	Yes	**No**	SD Plan 0420	15	26	41
Coulee-Hartline School District Total					**31**	**45**	**76**
Coupeville School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 0525	1	0	1
		Yes	**No**	SD Plan 0525	1	0	1
				SD Plan 0527	1	0	1
				SD Plan 0533	2	0	2
				SD Plan 0571	1	0	1
	CEA-TEACHERS	Yes	**No**	SD Plan 0523	3	0	3
				SD Plan 0524	6	0	6
				SD Plan 0525	7	0	7
				SD Plan 0526	2	0	2
				SD Plan 0527	1	0	1
				SD Plan 0530	4	0	4
				SD Plan 0531	8	0	8
				SD Plan 0532	3	0	3
				SD Plan 0533	6	0	6
				SD Plan 0571	15	0	15
	CESA-CLASSIFIED	No	**Yes**	SD Plan 0523	1	0	1
				SD Plan 0524	1	0	1
				SD Plan 0525	6	0	6
				SD Plan 0526	1	0	1
				SD Plan 0530	2	0	2
				SD Plan 0531	2	0	2
				SD Plan 0532	3	0	3
				SD Plan 0533	1	0	1
				SD Plan 0571	8	0	8
	NONREPS	No	**Yes**	SD Plan 0523	1	0	1
				SD Plan 0527	1	0	1
	TEAMSTERS-BUS DRIVERS	No	**Yes**	SD Plan 0525	1	0	1
				SD Plan 0532	1	0	1

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				SD Plan 0571	1	0	1
Coupeville School District Total					**91**	**0**	**91**
Crescent School District	**INSURANCE POOL**	No	**Yes**	SD Plan 0599	2	0	2
				SD Plan 0600	10	9	19
				SD Plan 0602	6	0	6
				SD Plan 0604	1	5	6
		Yes	**No**	SD Plan 0600	4	8	12
				SD Plan 0601	1	0	1
				SD Plan 0602	4	2	6
				SD Plan 0603	1	1	2
				SD Plan 0604	2	3	5
				SD Plan 0605	3	1	4
				SD Plan 4117	1	0	1
Crescent School District Total					**35**	**29**	**64**
Creston School District	**Cert Admin**	Yes	**No**	SD Plan 0537	1	0	1
	CERT MONTHLY	No	**Yes**	SD Plan 0536	2	2	4
		Yes	**No**	SD Plan 0536	12	14	26
	CLASSIFIED HRLY	No	**Yes**	SD Plan 0536	11	6	17
Creston School District Total					**26**	**22**	**48**
Curlew School District	**CERT TEACHER**	No	**Yes**	SD Plan 1244	3	0	3
				SD Plan 1245	1	0	1
				SD Plan 1246	1	0	1
				SD Plan 1247	1	0	1
				SD Plan 1248	1	0	1
				SD Plan 1249	2	0	2
		Yes	**No**	SD Plan 1245	1	0	1
				SD Plan 1246	2	0	2
				SD Plan 1247	1	0	1
				SD Plan 1248	1	0	1
	CERTIFIED ADMIN	No	**Yes**	SD Plan 1246	1	0	1
	Class Admin	No	**Yes**	SD Plan 1246	1	0	1
	CLASS HOURLY	No	**Yes**	SD Plan 1244	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1245	2	0	2
				SD Plan 1247	2	0	2
				SD Plan 1248	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 1245	1	0	1
				SD Plan 1247	1	0	1
Curlew School District Total					**27**	**0**	**27**
Cusick School District	**CERTIFICATED STAFF**	Yes	**No**	SD Plan 0950	2	0	2
				SD Plan 3464	2	0	2
				SD Plan 3492	18	0	18
				SD Plan 3493	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0022	1	0	1
	CLASSIFIED NON-REPRESEN	No	**Yes**	SD Plan 0020	1	0	1
				SD Plan 3701	1	0	1
	CLASSIFIED STAFF	No	**Yes**	SD Plan 0020	2	0	2
				SD Plan 0021	1	0	1
				SD Plan 0023	2	0	2
				SD Plan 3701	2	0	2
				SD Plan 3713	2	0	2
				SD Plan 3717	2	0	2
				SD Plan 3719	2	0	2
	TEAMSTERS BUS DRIVERS	No	**Yes**	SD Plan 0023	2	0	2
				SD Plan 3701	2	0	2
				SD Plan 3720	1	0	1
Cusick School District Total					**44**	**0**	**44**
Damman School District	**CERTIFIED**	Yes	**No**	SD Plan 0505	1	2	3
				SD Plan 0507	1	2	3
				SD Plan 0508	1	2	3
	CLASSIFIED	No	**Yes**	SD Plan 0505	1	2	3
Damman School District Total					**4**	**8**	**12**
Darrington School District	**CLASS EXEMPT**	No	**Yes**	SD Plan 0542	1	0	1
	CUST/MTNC/GRNDS	No	**Yes**	SD Plan 0500	1	0	1
				SD Plan 0578	2	0	2

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				SD Plan 0579	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 0579	2	0	2
	INST. ASST.	No	**Yes**	SD Plan 0500	4	0	4
				SD Plan 0578	5	0	5
	PRINCIPAL	Yes	**No**	SD Plan 0542	2	0	2
	SECRETARY	No	**Yes**	SD Plan 0500	1	0	1
				SD Plan 0578	2	0	2
	SPEC SVCS DIR	Yes	**No**	SD Plan 0542	1	0	1
	TEACHER	No	**Yes**	SD Plan 0500	2	0	2
				SD Plan 0501	1	0	1
				SD Plan 0578	1	0	1
				SD Plan 0579	1	0	1
		Yes	**No**	SD Plan 0500	7	0	7
				SD Plan 0501	1	0	1
				SD Plan 0578	11	0	11
				SD Plan 0579	2	0	2
	TECHNOLOGY	No	**Yes**	SD Plan 0578	1	0	1
	TRANSPORTATION	No	**Yes**	SD Plan 0578	1	0	1
				SD Plan 0579	2	0	2
Darrington School District Total					**52**	**0**	**52**
Davenport School District	**ADMINISTRATION CLASSIFI**	No	**Yes**	SD Plan 3675	1	0	1
				SD Plan 3677	2	0	2
				SD Plan 3687	1	0	1
	ADMINISTRATON CERTIFIC/	Yes	**No**	SD Plan 3675	1	0	1
				SD Plan 3679	2	0	2
	Certificated Pool	Yes	**No**	SD Plan 3675	13	0	13
				SD Plan 3677	8	0	8
				SD Plan 3679	7	0	7
				SD Plan 3687	3	0	3
	Classified Pool	No	**Yes**	SD Plan 3675	9	0	9
				SD Plan 3677	2	0	2
				SD Plan 3679	6	0	6

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				SD Plan 3687	7	0	7
Davenport School District Total					**62**	**0**	**62**
Dayton School District	**CUSTODIAN POOLING**	No	**Yes**	SD Plan 0434	1	0	1
				SD Plan 0460	1	0	1
	NON-REPRESENTED POOL	No	**Yes**	SD Plan 0434	4	0	4
				SD Plan 0436	1	0	1
				SD Plan 0437	1	0	1
				SD Plan 0444	1	0	1
				SD Plan 0447	1	0	1
				SD Plan 0453	4	0	4
				SD Plan 0455	3	0	3
				SD Plan 0464	1	0	1
				SD Plan 0468	4	0	4
				SD Plan 0471	1	0	1
				SD Plan 0476	1	0	1
				SD Plan 0511	1	0	1
		Yes	**No**	SD Plan 0436	1	0	1
				SD Plan 0440	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0437	1	0	1
	TEACHERS POOL	No	**Yes**	SD Plan 0434	2	0	2
				SD Plan 0437	1	0	1
				SD Plan 0450	1	0	1
		Yes	**No**	SD Plan 0434	5	0	5
				SD Plan 0436	1	0	1
				SD Plan 0437	1	0	1
				SD Plan 0442	3	0	3
				SD Plan 0443	1	0	1
				SD Plan 0446	2	0	2
				SD Plan 0448	1	0	1
				SD Plan 0450	2	0	2
				SD Plan 0451	1	0	1
				SD Plan 0452	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0472	1	0	1
				SD Plan 0475	1	0	1
Dayton School District Total					**53**	**0**	**53**
Deer Park School District	**CERTIFICATED**	No	**Yes**	SD Plan 0489	7	11	18
				SD Plan 0491	11	27	38
				SD Plan 0492	4	2	6
				SD Plan 3345	9	2	11
				SD Plan 3347	3	2	5
		Yes	**No**	SD Plan 0489	10	9	19
				SD Plan 0491	23	47	70
				SD Plan 0492	8	8	16
				SD Plan 0493	2	2	4
				SD Plan 0525	1	3	4
				SD Plan 3345	27	27	54
				SD Plan 3347	16	19	35
	DISTRICT OFFICE ADMIN Ce	Yes	**No**	SD Plan 0492	1	0	1
				SD Plan 3347	1	2	3
	DISTRICT OFFICE ADMIN Cl	No	**Yes**	SD Plan 3345	1	2	3
	NON-REP CLASSIFIED	No	**Yes**	SD Plan 0489	1	1	2
				SD Plan 0491	8	15	23
				SD Plan 0492	10	8	18
				SD Plan 0631	1	3	4
				SD Plan 3345	7	4	11
	PRINCIPALS/DIRECTORS	Yes	**No**	SD Plan 0489	1	0	1
				SD Plan 0491	2	8	10
				SD Plan 0492	1	0	1
				SD Plan 0525	1	0	1
				SD Plan 3345	1	2	3
				SD Plan 3347	1	1	2
	PSE 1	No	**Yes**	SD Plan 0489	3	0	3
				SD Plan 0491	25	16	41
				SD Plan 0492	4	3	7

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3345	4	0	4
				SD Plan 3347	4	2	6
	PSE 2 PARAS	No	**Yes**	SD Plan 0489	5	0	5
				SD Plan 0491	16	9	25
				SD Plan 0492	3	4	7
				SD Plan 0493	2	1	3
				SD Plan 0525	1	0	1
				SD Plan 3345	5	0	5
				SD Plan 3347	2	0	2
Deer Park School District Total					**232**	**240**	**472**
Dieringer School District	**Class Admin**	No	**Yes**	SD Plan 1841	5	0	5
				SD Plan 2668	1	0	1
				SD Plan 2879	3	0	3
		Yes	**No**	SD Plan 2879	4	0	4
	Classified Union DCPEA	No	**Yes**	SD Plan 0294	1	0	1
				SD Plan 1841	11	0	11
				SD Plan 2668	4	0	4
				SD Plan 2879	17	0	17
	IOE-FULL TIME	No	**Yes**	SD Plan 0294	3	0	3
				SD Plan 1841	4	0	4
				SD Plan 1853	1	0	1
				SD Plan 2668	4	0	4
				SD Plan 2879	7	0	7
	TEACHERS	Yes	**No**	SD Plan 0294	3	0	3
				SD Plan 1841	38	0	38
				SD Plan 2668	13	0	13
				SD Plan 2879	19	0	19
Dieringer School District Total					**138**	**0**	**138**
Dixie School District	**BUS DRIVER**	No	**Yes**	SD Plan 1178	2	0	2
	BUSINESS MGR	No	**Yes**	SD Plan 1178	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 1178	1	0	1
	PARA PRO	No	**Yes**	SD Plan 1177	1	0	1

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	TEACHER	Yes	**No**	SD Plan 1177	1	0	1
				SD Plan 1178	1	0	1
Dixie School District Total					**7**	**0**	**7**
East Valley School District (Spokane)	**Cent Off Cert**	Yes	**No**	SD Plan 0133	1	5	6
				SD Plan 0139	2	1	3
	Class Admin	No	**Yes**	SD Plan 0131	1	0	1
				SD Plan 0133	3	4	7
				SD Plan 0296	1	0	1
	CO Classified	No	**Yes**	SD Plan 0131	1	0	1
				SD Plan 0139	2	0	2
				SD Plan 0296	4	0	4
				SD Plan 0500	2	2	4
				SD Plan 1204	1	0	1
	EVAA Principals	Yes	**No**	SD Plan 0131	4	1	5
				SD Plan 0139	2	8	10
				SD Plan 0296	7	0	7
				SD Plan 0582	1	2	3
	Maintenance	No	**Yes**	SD Plan 0131	1	1	2
				SD Plan 0133	1	0	1
				SD Plan 0296	6	0	6
	MECHANICS	No	**Yes**	SD Plan 0296	2	0	2
	PSE Classified	No	**Yes**	SD Plan 0131	22	6	28
				SD Plan 0133	23	9	32
				SD Plan 0139	35	38	73
				SD Plan 0296	32	3	35
				SD Plan 0582	1	0	1
	PSE Custodians	No	**Yes**	SD Plan 0131	3	1	4
				SD Plan 0133	4	0	4
				SD Plan 0139	3	4	7
				SD Plan 0296	16	0	16
	PSE ECEAP	No	**Yes**	SD Plan 0133	3	1	4
				SD Plan 0139	7	8	15

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0296	5	0	5
	TEACHER	No	**Yes**	SD Plan 0131	8	3	11
				SD Plan 0133	6	9	15
				SD Plan 0139	14	29	43
				SD Plan 0296	24	0	24
				SD Plan 0582	3	3	6
		Yes	**No**	SD Plan 0131	42	16	58
				SD Plan 0133	28	28	56
				SD Plan 0139	46	69	115
				SD Plan 0230	1	2	3
				SD Plan 0296	61	0	61
				SD Plan 0582	4	7	11
	Technology Serv	No	**Yes**	SD Plan 0131	1	0	1
				SD Plan 0296	2	0	2
East Valley School District (Spokane) Total					**436**	**260**	**696**
East Valley School District (Yakima)	**Administrator Group**	No	**Yes**	SD Plan 1251	1	0	1
				SD Plan 1258	1	2	3
		Yes	**No**	SD Plan 1251	1	0	1
				SD Plan 1256	2	2	4
				SD Plan 1258	7	11	18
	CERTIFICATED GROUP	Yes	**No**	SD Plan 1251	18	0	18
				SD Plan 1252	21	23	44
				SD Plan 1253	12	20	32
				SD Plan 1254	2	2	4
				SD Plan 1256	41	32	73
				SD Plan 1257	45	49	94
				SD Plan 1258	16	9	25
				SD Plan 3179	5	12	17
	CLASSIFIED GROUP	No	**Yes**	SD Plan 1251	23	0	23
				SD Plan 1252	20	26	46
				SD Plan 1253	9	6	15
				SD Plan 1254	7	2	9

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				SD Plan 1256	25	27	52
				SD Plan 1257	12	12	24
				SD Plan 1258	10	5	15
				SD Plan 3179	1	4	5
	DISTRICT OFFICE/SUPERVIS	No	**Yes**	SD Plan 1251	3	0	3
				SD Plan 1254	2	2	4
				SD Plan 1256	1	0	1
				SD Plan 1257	3	2	5
				SD Plan 1258	1	1	2
East Valley School District (Yakima) Total					**289**	**249**	**538**
Eastmont School District	**ADMINIST**	No	**Yes**	SD Plan 0180	1	2	3
				SD Plan 0648	2	2	4
				SD Plan 0743	1	4	5
		Yes	**No**	SD Plan 0180	2	5	7
				SD Plan 0648	14	24	38
				SD Plan 0743	1	2	3
				SD Plan 1570	1	3	4
				SD Plan 1572	1	4	5
	BEA	Yes	**No**	SD Plan 0180	58	81	139
				SD Plan 0648	128	114	242
				SD Plan 0743	74	75	149
				SD Plan 1570	25	36	61
				SD Plan 1571	17	26	43
				SD Plan 1572	10	20	30
	DO	No	**Yes**	SD Plan 0180	7	5	12
				SD Plan 0648	11	4	15
				SD Plan 0743	3	0	3
				SD Plan 1570	5	6	11
				SD Plan 1571	5	9	14
	PARA	No	**Yes**	SD Plan 0180	21	13	34
				SD Plan 0648	35	18	53
				SD Plan 0743	19	5	24

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				SD Plan 1570	17	7	24
				SD Plan 1571	13	19	32
				SD Plan 1572	5	6	11
				SD Plan 1573	2	2	4
	PSE	No	**Yes**	SD Plan 0180	10	12	22
				SD Plan 0648	17	12	29
				SD Plan 0743	11	4	15
				SD Plan 1570	4	3	7
				SD Plan 1571	1	3	4
				SD Plan 1572	6	3	9
				SD Plan 1573	2	1	3
	SEC	No	**Yes**	SD Plan 0180	7	14	21
				SD Plan 0648	4	1	5
				SD Plan 0743	11	3	14
				SD Plan 1570	2	3	5
				SD Plan 1572	1	1	2
Eastmont School District Total					**554**	**552**	**1,106**
Easton School District	**CLASSIFIED**	No	**Yes**	SD Plan 1273	1	0	1
				SD Plan 1275	1	0	1
				SD Plan 1278	3	0	3
				SD Plan 1279	1	0	1
				SD Plan 1280	2	0	2
				SD Plan 3145	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 1277	1	0	1
	TEACHER	Yes	**No**	SD Plan 1273	1	0	1
				SD Plan 1276	1	0	1
				SD Plan 1277	2	0	2
				SD Plan 1278	1	0	1
				SD Plan 1279	1	0	1
				SD Plan 1280	3	0	3
				SD Plan 3490	1	0	1
	TERM CLASS	No	**Yes**	SD Plan 1280	1	0	1

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Easton School District Total					**21**	**0**	**21**
Eatonville School District	**CERTIFICATED ADMINISTOF**	Yes	**No**	SD Plan 3238	3	5	8
				SD Plan 3239	2	2	4
				SD Plan 3240	1	3	4
				SD Plan 3321	2	3	5
	CLASSIFIED ADMINISTRATO	No	**Yes**	SD Plan 3238	2	0	2
				SD Plan 3240	1	3	4
	CLASSIFIED STAFF	No	**Yes**	SD Plan 3238	35	12	47
				SD Plan 3239	12	15	27
				SD Plan 3240	6	5	11
				SD Plan 3241	3	2	5
				SD Plan 3321	29	23	52
	TEACHERS	Yes	**No**	SD Plan 3238	44	41	85
				SD Plan 3239	13	13	26
				SD Plan 3240	7	12	19
				SD Plan 3241	6	12	18
				SD Plan 3321	20	22	42
Eatonville School District Total					**186**	**173**	**359**
Edmonds School District	**1MMGA**	No	**Yes**	SD Plan 2456	1	0	1
		Yes	**No**	SD Plan 2452	3	0	3
				SD Plan 2453	1	0	1
				SD Plan 2454	1	0	1
				SD Plan 2455	1	0	1
				SD Plan 2456	3	0	3
				SD Plan 2458	2	0	2
				SD Plan 2459	1	0	1
	1MPRA	Yes	**No**	SD Plan 2452	6	0	6
				SD Plan 2454	4	0	4
				SD Plan 2455	13	0	13
				SD Plan 2456	5	0	5
				SD Plan 2458	5	0	5
				SD Plan 2459	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2461	3	0	3
				SD Plan 2462	3	0	3
				SD Plan 2463	4	0	4
				SD Plan 2464	1	0	1
				SD Plan 2465	2	0	2
	1MSSA	Yes	**No**	SD Plan 2452	1	0	1
				SD Plan 2455	2	0	2
				SD Plan 2456	1	0	1
	1MSTA	Yes	**No**	SD Plan 2456	1	0	1
	1MTEA	No	**Yes**	SD Plan 2452	2	0	2
				SD Plan 2454	1	0	1
		Yes	**No**	SD Plan 2452	169	0	169
				SD Plan 2454	121	0	121
				SD Plan 2455	178	0	178
				SD Plan 2456	181	0	181
				SD Plan 2457	6	0	6
				SD Plan 2458	70	0	70
				SD Plan 2459	92	0	92
				SD Plan 2461	44	0	44
				SD Plan 2462	62	0	62
				SD Plan 2463	78	0	78
				SD Plan 2464	1	0	1
				SD Plan 2465	38	0	38
	2HBDA	No	**Yes**	SD Plan 2452	22	0	22
				SD Plan 2453	8	0	8
				SD Plan 2454	9	0	9
				SD Plan 2455	9	0	9
				SD Plan 2456	12	0	12
				SD Plan 2458	5	0	5
				SD Plan 2459	13	0	13
				SD Plan 2460	2	0	2
				SD Plan 2461	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2462	5	0	5
				SD Plan 2463	1	0	1
				SD Plan 2465	3	0	3
	2HFSA	No	**Yes**	SD Plan 2452	7	0	7
				SD Plan 2453	1	0	1
				SD Plan 2454	4	0	4
				SD Plan 2457	1	0	1
				SD Plan 2458	11	0	11
				SD Plan 2459	7	0	7
				SD Plan 2463	1	0	1
				SD Plan 2465	7	0	7
	2MAAA	No	**Yes**	SD Plan 2452	1	0	1
				SD Plan 2454	1	0	1
				SD Plan 2455	1	0	1
	2MCUA	No	**Yes**	SD Plan 2452	35	0	35
				SD Plan 2453	4	0	4
				SD Plan 2454	4	0	4
				SD Plan 2455	7	0	7
				SD Plan 2456	6	0	6
				SD Plan 2458	8	0	8
				SD Plan 2459	15	0	15
				SD Plan 2460	2	0	2
				SD Plan 2461	2	0	2
				SD Plan 2462	2	0	2
				SD Plan 2463	8	0	8
				SD Plan 2465	2	0	2
	2MFSA	No	**Yes**	SD Plan 2452	1	0	1
				SD Plan 2453	1	0	1
				SD Plan 2454	1	0	1
				SD Plan 2460	2	0	2
				SD Plan 2463	1	0	1
	2MMGA	No	**Yes**	SD Plan 2452	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2454	4	0	4
				SD Plan 2455	1	0	1
				SD Plan 2456	4	0	4
				SD Plan 2459	1	0	1
	2MMTA	No	**Yes**	SD Plan 2452	17	0	17
				SD Plan 2453	3	0	3
				SD Plan 2454	1	0	1
				SD Plan 2456	5	0	5
				SD Plan 2458	2	0	2
				SD Plan 2459	6	0	6
				SD Plan 2460	2	0	2
				SD Plan 2461	2	0	2
				SD Plan 2463	1	0	1
				SD Plan 2465	2	0	2
	2MOPA	No	**Yes**	SD Plan 2452	14	0	14
				SD Plan 2453	16	0	16
				SD Plan 2454	22	0	22
				SD Plan 2455	7	0	7
				SD Plan 2456	10	0	10
				SD Plan 2458	14	0	14
				SD Plan 2459	9	0	9
				SD Plan 2460	3	0	3
				SD Plan 2461	4	0	4
				SD Plan 2462	4	0	4
				SD Plan 2463	7	0	7
				SD Plan 2465	6	0	6
	2MPEA	No	**Yes**	SD Plan 2452	2	0	2
				SD Plan 2455	2	0	2
				SD Plan 2461	1	0	1
				SD Plan 2462	1	0	1
				SD Plan 2464	1	0	1
				SD Plan 3215	49	0	49

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3216	19	0	19
				SD Plan 3515	35	0	35
				SD Plan 3516	31	0	31
				SD Plan 3517	17	0	17
				SD Plan 3518	19	0	19
				SD Plan 3520	46	0	46
				SD Plan 3542	12	0	12
				SD Plan 3543	22	0	22
				SD Plan 3544	7	0	7
				SD Plan 3545	16	0	16
				SD Plan 3547	9	0	9
		Yes	**No**	SD Plan 2452	3	0	3
	2MPTA	No	**Yes**	SD Plan 2452	19	0	19
				SD Plan 2453	13	0	13
				SD Plan 2454	7	0	7
				SD Plan 2455	5	0	5
				SD Plan 2456	17	0	17
				SD Plan 2458	11	0	11
				SD Plan 2459	1	0	1
				SD Plan 2460	2	0	2
				SD Plan 2461	2	0	2
				SD Plan 2462	2	0	2
				SD Plan 2463	5	0	5
				SD Plan 2465	2	0	2
	2MSSA	No	**Yes**	SD Plan 2456	1	0	1
				SD Plan 2458	1	0	1
Edmonds School District Total					**1,897**	**0**	**1,897**
Ellensburg School District	**ELLENSBURG ADMINISTRAT**	No	**Yes**	SD Plan 3491	1	0	1
		Yes	**No**	SD Plan 3491	9	0	9
	ELLENSBURG EDUCATION A	Yes	**No**	SD Plan 0229	2	0	2
				SD Plan 0384	23	0	23
				SD Plan 0385	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0386	20	0	20
				SD Plan 0387	6	0	6
				SD Plan 0389	34	0	34
				SD Plan 0601	2	0	2
				SD Plan 0602	17	0	17
				SD Plan 1301	2	0	2
				SD Plan 1841	10	0	10
				SD Plan 2580	3	0	3
				SD Plan 2746	2	0	2
				SD Plan 2905	2	0	2
				SD Plan 2959	50	0	50
	NON-REPRESENTED	No	**Yes**	SD Plan 0513	4	0	4
				SD Plan 3491	9	0	9
				SD Plan 3494	1	0	1
		Yes	**No**	SD Plan 3491	2	0	2
	PUBLIC SCHOOL EMPLOYEE	No	**Yes**	SD Plan 0229	2	0	2
				SD Plan 0384	12	0	12
				SD Plan 0385	1	0	1
				SD Plan 0386	16	0	16
				SD Plan 0387	1	0	1
				SD Plan 0388	8	0	8
				SD Plan 0389	13	0	13
				SD Plan 0601	6	0	6
				SD Plan 0602	7	0	7
				SD Plan 0659	1	0	1
				SD Plan 1301	1	0	1
				SD Plan 1841	11	0	11
				SD Plan 2580	12	0	12
				SD Plan 2746	4	0	4
				SD Plan 2905	3	0	3
				SD Plan 2959	16	0	16
				SD Plan 3491	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Ellensburg School District Total					**318**	**0**	**318**
Elma School District	**ADMIN CERT**	Yes	**No**	SD Plan 1318	8	15	23
	ADMIN NON CERT	No	**Yes**	SD Plan 0422	1	1	2
				SD Plan 1318	5	11	16
	CLASSIFIED	No	**Yes**	SD Plan 0251	3	0	3
				SD Plan 0287	11	3	14
				SD Plan 0500	5	2	7
				SD Plan 0501	10	5	15
				SD Plan 0579	27	4	31
				SD Plan 0580	5	5	10
				SD Plan 0581	1	0	1
				SD Plan 0582	5	2	7
				SD Plan 0637	3	2	5
				SD Plan 0638	1	1	2
				SD Plan 0640	1	0	1
	SECRETARIES	No	**Yes**	SD Plan 0251	2	0	2
				SD Plan 0287	2	3	5
				SD Plan 0501	1	1	2
				SD Plan 0579	3	1	4
				SD Plan 0582	1	1	2
	TEACHERS	Yes	**No**	SD Plan 0287	5	0	5
				SD Plan 0433	1	0	1
				SD Plan 0500	6	5	11
				SD Plan 0501	8	1	9
				SD Plan 0579	55	31	86
				SD Plan 0580	5	9	14
				SD Plan 0582	2	3	5
				SD Plan 0637	1	0	1
				SD Plan 0638	1	2	3
				SD Plan 1318	3	6	9
Elma School District Total					**182**	**114**	**296**
Endicott School District	**CERT. TEACHER**	Yes	**No**	SD Plan 1321	13	0	13

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	CLASS FULL TIME	No	**Yes**	SD Plan 1322	1	0	1
				SD Plan 1323	2	0	2
	CLASS PART TIME	No	**Yes**	SD Plan 1320	1	0	1
				SD Plan 1322	1	0	1
				SD Plan 1323	5	0	5
	PRINCIPAL	Yes	**No**	SD Plan 1321	1	0	1
Endicott School District Total					**24**	**0**	**24**
Entiat School District	**CERTIFICATED**	Yes	**No**	SD Plan 0538	21	32	53
	CERTIFICATED ADMIN	Yes	**No**	SD Plan 2997	1	1	2
	CLASSIFIED	No	**Yes**	SD Plan 1471	4	4	8
				SD Plan 1472	2	1	3
				SD Plan 1584	1	2	3
				SD Plan 2900	5	12	17
				SD Plan 2997	7	5	12
				SD Plan 2998	1	2	3
Entiat School District Total					**42**	**59**	**101**
Enumclaw School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0523	7	0	7
				SD Plan 0524	2	0	2
				SD Plan 0526	4	0	4
				SD Plan 0527	2	0	2
	CERT	No	**Yes**	SD Plan 0115	1	0	1
				SD Plan 0501	1	0	1
				SD Plan 0523	12	0	12
				SD Plan 0524	6	0	6
				SD Plan 0526	6	0	6
				SD Plan 0527	4	0	4
				SD Plan 2081	1	0	1
		Yes	**No**	SD Plan 0115	6	0	6
				SD Plan 0523	65	0	65
				SD Plan 0524	46	0	46
				SD Plan 0526	25	0	25
				SD Plan 0527	27	0	27

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				SD Plan 0528	2	0	2
				SD Plan 0743	6	0	6
				SD Plan 2081	1	0	1
	CLASS	No	**Yes**	SD Plan 0500	1	0	1
				SD Plan 0501	124	0	124
				SD Plan 0523	6	0	6
				SD Plan 0580	40	0	40
				SD Plan 0743	1	0	1
	UNREPRESENTED	No	**Yes**	SD Plan 0501	7	0	7
				SD Plan 0524	1	0	1
				SD Plan 0580	3	0	3
Enumclaw School District Total					**407**	**0**	**407**
Ephrata School District	**CERTIFICATED**	Yes	**No**	SD Plan 0388	10	23	33
	CLASSIFIED	No	**Yes**	SD Plan 0388	8	16	24
	EPHRATA EDUCATION	No	**Yes**	SD Plan 1862	1	0	1
		Yes	**No**	SD Plan 1860	15	34	49
				SD Plan 1862	20	28	48
				SD Plan 1864	9	28	37
				SD Plan 2092	1	5	6
				SD Plan 4091	53	76	129
				SD Plan 4092	26	29	55
				SD Plan 4093	10	10	20
	PUBLIC SCHOOLS EMPLOY	No	**Yes**	SD Plan 0167	1	0	1
				SD Plan 0168	3	2	5
				SD Plan 1860	11	7	18
				SD Plan 1862	7	5	12
				SD Plan 1864	3	6	9
				SD Plan 2091	4	0	4
				SD Plan 2092	2	2	4
				SD Plan 2093	6	0	6
				SD Plan 4091	31	13	44
				SD Plan 4092	9	7	16

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 4093	8	6	14
	SUPERINTENDENT	Yes	**No**	SD Plan 0388	1	3	4
Ephrata School District Total					**239**	**300**	**539**
Everett School District	**CERTIFICATED**	No	**Yes**	SD Plan 1132	1	1	2
		Yes	**No**	SD Plan 0333	281	437	718
				SD Plan 0891	98	121	219
				SD Plan 0892	24	33	57
				SD Plan 0893	12	26	38
				SD Plan 0895	4	8	12
				SD Plan 1130	203	248	451
				SD Plan 1131	293	410	703
				SD Plan 1132	115	117	232
	CLASSIFIED	No	**Yes**	SD Plan 0333	212	261	473
				SD Plan 0891	54	80	134
				SD Plan 0892	7	13	20
				SD Plan 0893	8	11	19
				SD Plan 0895	4	5	9
				SD Plan 1130	78	82	160
				SD Plan 1131	148	202	350
				SD Plan 1132	32	23	55
		Yes	**No**	SD Plan 0333	1	2	3
				SD Plan 0891	1	0	1
				SD Plan 1130	1	1	2
Everett School District Total					**1,577**	**2,081**	**3,658**
Evergreen School District (Clark)	**CERTIFICATED**	Yes	**No**	SD Plan 0216	1	0	1
				SD Plan 0313	30	0	30
				SD Plan 0329	3	0	3
				SD Plan 0386	29	0	29
				SD Plan 0575	1	0	1
				SD Plan 0577	20	0	20
				SD Plan 0747	12	0	12
				SD Plan 2347	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2348	1	0	1
				SD Plan 2365	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0329	2	0	2
				SD Plan 0389	6	0	6
				SD Plan 0747	1	0	1
				SD Plan 2338	2	0	2
				SD Plan 2773	5	0	5
				SD Plan 3372	2	0	2
				SD Plan 4208	2	0	2
	NON UNION EMPLOYEES	No	**Yes**	SD Plan 0216	4	0	4
				SD Plan 0329	11	0	11
				SD Plan 0575	10	0	10
				SD Plan 2380	2	0	2
		Yes	**No**	SD Plan 0216	3	0	3
				SD Plan 0329	13	0	13
				SD Plan 0575	3	0	3
				SD Plan 2365	3	0	3
				SD Plan 2380	1	0	1
				SD Plan 2381	2	0	2
	PRINCIPALS	Yes	**No**	SD Plan 0313	18	0	18
				SD Plan 0386	15	0	15
				SD Plan 0577	8	0	8
				SD Plan 0747	14	0	14
				SD Plan 2339	1	0	1
				SD Plan 2347	2	0	2
				SD Plan 2348	2	0	2
				SD Plan 2382	1	0	1
				SD Plan 2580	3	0	3
	PSE 12 MONTH	No	**Yes**	SD Plan 0389	15	0	15
				SD Plan 0747	3	0	3
				SD Plan 2338	11	0	11
				SD Plan 2580	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2773	21	0	21
				SD Plan 4208	8	0	8
	PSE HRLY	No	**Yes**	SD Plan 0389	69	0	69
				SD Plan 0747	29	0	29
				SD Plan 2338	77	0	77
				SD Plan 2382	4	0	4
				SD Plan 2580	7	0	7
				SD Plan 2773	163	0	163
				SD Plan 4208	69	0	69
	PSE OFFICE/CLERICAL	No	**Yes**	SD Plan 0216	36	0	36
				SD Plan 0329	69	0	69
				SD Plan 2381	8	0	8
				SD Plan 3372	66	0	66
	WASH EDUC ASSOC	Yes	**No**	SD Plan 0313	425	0	425
				SD Plan 0386	441	0	441
				SD Plan 0577	101	0	101
				SD Plan 0747	221	0	221
				SD Plan 2339	30	0	30
				SD Plan 2347	64	0	64
				SD Plan 2348	29	0	29
				SD Plan 2382	17	0	17
				SD Plan 2580	67	0	67
Evergreen School District (Clark) Total					**2,287**	**0**	**2,287**
Evergreen School District (Stevens)	**ALL STAFF Certificated**	Yes	**No**	SD Plan 4084	1	0	1
				SD Plan 4150	1	1	2
	ALL STAFF Classified	No	**Yes**	SD Plan 4150	4	2	6
Evergreen School District (Stevens) Total					**6**	**3**	**9**
Federal Way School District	**Central Kitchen, Paraeduca**	No	**Yes**	SD Plan 0020	82	0	82
				SD Plan 0021	75	0	75
				SD Plan 0022	34	0	34
				SD Plan 0312	5	0	5
				SD Plan 0512	89	0	89

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				SD Plan 3728	71	0	71
	ECEAP	No	**Yes**	SD Plan 0020	6	0	6
				SD Plan 0021	1	0	1
				SD Plan 0022	1	0	1
				SD Plan 0312	1	0	1
				SD Plan 0512	3	0	3
				SD Plan 3728	3	0	3
	Federal Way Education Ass	Yes	**No**	SD Plan 0020	404	0	404
				SD Plan 0021	335	0	335
				SD Plan 0022	137	0	137
				SD Plan 0312	30	0	30
				SD Plan 0512	265	0	265
				SD Plan 3728	185	0	185
	Head Start	No	**Yes**	SD Plan 0020	6	0	6
				SD Plan 0022	2	0	2
				SD Plan 0512	5	0	5
				SD Plan 3728	2	0	2
	Office Professionals	No	**Yes**	SD Plan 0020	38	0	38
				SD Plan 0021	36	0	36
				SD Plan 0022	19	0	19
				SD Plan 0512	26	0	26
				SD Plan 3728	27	0	27
	Operating Engineers	No	**Yes**	SD Plan 0020	24	0	24
				SD Plan 0021	37	0	37
				SD Plan 0022	3	0	3
				SD Plan 0312	1	0	1
				SD Plan 0512	36	0	36
				SD Plan 3728	15	0	15
	PRINCIPALS	Yes	**No**	SD Plan 0020	15	0	15
				SD Plan 0021	16	0	16
				SD Plan 0022	4	0	4
				SD Plan 0312	3	0	3

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				SD Plan 0512	6	0	6
				SD Plan 3728	10	0	10
	Professional/Technical	No	**Yes**	SD Plan 0020	16	0	16
				SD Plan 0021	21	0	21
				SD Plan 0022	6	0	6
				SD Plan 0512	20	0	20
				SD Plan 3728	16	0	16
	Unrepresented Certificated	Yes	**No**	SD Plan 0020	5	0	5
				SD Plan 0021	4	0	4
				SD Plan 0022	2	0	2
				SD Plan 0312	1	0	1
				SD Plan 0512	3	0	3
	Unrepresented Classified	No	**Yes**	SD Plan 0020	11	0	11
				SD Plan 0021	15	0	15
				SD Plan 0022	4	0	4
				SD Plan 0312	4	0	4
				SD Plan 0512	11	0	11
				SD Plan 3728	11	0	11
Federal Way School District Total					**2,208**	**0**	**2,208**
Ferndale School District	**ADMIN**	Yes	**No**	SD Plan 0534	5	9	14
				SD Plan 0577	6	11	17
				SD Plan 0590	1	2	3
				SD Plan 1347	1	1	2
	DO ADMIN	No	**Yes**	SD Plan 0534	1	1	2
		Yes	**No**	SD Plan 0530	1	3	4
	FAAA	No	**Yes**	SD Plan 0533	3	4	7
				SD Plan 0534	10	14	24
				SD Plan 0574	1	0	1
				SD Plan 0577	4	1	5
				SD Plan 0590	6	6	12
				SD Plan 0592	3	0	3
				SD Plan 1347	2	0	2

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				SD Plan 1348	1	2	3
				SD Plan 2747	1	0	1
	FEA	No	**Yes**	SD Plan 0577	1	0	1
				SD Plan 0592	2	4	6
				SD Plan 1336	8	12	20
				SD Plan 1338	4	9	13
		Yes	**No**	SD Plan 0577	9	11	20
				SD Plan 0592	77	55	132
				SD Plan 1336	44	53	97
				SD Plan 1338	79	107	186
				SD Plan 1339	1	1	2
				SD Plan 1340	16	10	26
				SD Plan 1342	2	3	5
	PROFTECH	No	**Yes**	SD Plan 0530	1	0	1
				SD Plan 0534	10	6	16
				SD Plan 0574	1	0	1
				SD Plan 0577	4	3	7
	PSE	No	**Yes**	SD Plan 0530	5	0	5
				SD Plan 0533	10	3	13
				SD Plan 0534	50	35	85
				SD Plan 0574	5	1	6
				SD Plan 0577	8	1	9
				SD Plan 0590	9	7	16
				SD Plan 0592	5	4	9
				SD Plan 1347	3	8	11
	SEIU	No	**Yes**	SD Plan 0530	3	0	3
				SD Plan 0534	10	25	35
				SD Plan 0574	4	0	4
				SD Plan 0577	6	3	9
				SD Plan 0590	5	5	10
				SD Plan 0592	1	0	1
				SD Plan 0750	1	0	1

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				SD Plan 1347	2	0	2
	SUPT	Yes	**No**	SD Plan 0592	1	1	2
	TEAMSTER	No	**Yes**	SD Plan 0530	2	0	2
				SD Plan 0532	1	0	1
				SD Plan 0534	24	14	38
				SD Plan 0577	1	2	3
				SD Plan 0590	3	3	6
				SD Plan 1347	4	7	11
				SD Plan 1348	2	2	4
Ferndale School District Total					**470**	**449**	**919**
Fife School District	**Cert - Non Rep**	Yes	**No**	SD Plan 2866	10	0	10
				SD Plan 2868	1	0	1
				SD Plan 2870	2	0	2
				SD Plan 2872	3	0	3
				SD Plan 2874	2	0	2
	CERTIFICATED	Yes	**No**	SD Plan 2866	62	0	62
				SD Plan 2867	3	0	3
				SD Plan 2868	18	0	18
				SD Plan 2870	27	0	27
				SD Plan 2871	3	0	3
				SD Plan 2872	51	0	51
				SD Plan 2873	1	0	1
				SD Plan 2874	15	0	15
	CLASSIFIED	No	**Yes**	SD Plan 2866	32	0	32
				SD Plan 2867	2	0	2
				SD Plan 2868	17	0	17
				SD Plan 2870	13	0	13
				SD Plan 2872	25	0	25
				SD Plan 2874	8	0	8
	CLASSIFIED-NON REP	No	**Yes**	SD Plan 2866	10	0	10
				SD Plan 2868	1	0	1
				SD Plan 2870	2	0	2

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				SD Plan 2872	7	0	7
				SD Plan 2874	1	0	1
Fife School District Total					**316**	**0**	**316**
Finley School District	**CERTIFICATED**	No	**Yes**	SD Plan 1368	2	2	4
				SD Plan 1369	3	0	3
				SD Plan 1373	2	5	7
				SD Plan 3619	1	3	4
				SD Plan 3620	1	0	1
		Yes	**No**	SD Plan 1368	6	7	13
				SD Plan 1369	19	12	31
				SD Plan 1370	14	7	21
				SD Plan 1372	2	7	9
				SD Plan 1373	2	2	4
				SD Plan 3619	7	9	16
				SD Plan 3620	4	5	9
				SD Plan 3621	1	1	2
	CLASSIFIED	No	**Yes**	SD Plan 1368	5	1	6
				SD Plan 1369	7	4	11
				SD Plan 1370	11	2	13
				SD Plan 1372	1	4	5
				SD Plan 1373	2	0	2
				SD Plan 3619	10	7	17
				SD Plan 3621	2	1	3
		Yes	**No**	SD Plan 1368	1	3	4
Finley School District Total					**103**	**82**	**185**
Franklin Pierce School District	**01EXMPT/**	No	**Yes**	SD Plan 0105	4	0	4
				SD Plan 0579	3	0	3
				SD Plan 1376	13	0	13
				SD Plan 1377	8	0	8
				SD Plan 1378	3	0	3
		Yes	**No**	SD Plan 0105	1	0	1
				SD Plan 0579	1	0	1

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				SD Plan 1376	5	0	5
				SD Plan 1377	1	0	1
	05 FPEA	Yes	**No**	SD Plan 0105	131	0	131
				SD Plan 0579	3	0	3
				SD Plan 1376	111	0	111
				SD Plan 1377	78	0	78
				SD Plan 1378	39	0	39
				SD Plan 1379	9	0	9
				SD Plan 1380	5	0	5
				SD Plan 3337	70	0	70
	06 FPESP	No	**Yes**	SD Plan 0105	9	0	9
				SD Plan 0579	8	0	8
				SD Plan 1376	13	0	13
				SD Plan 1377	14	0	14
				SD Plan 1378	5	0	5
				SD Plan 1379	2	0	2
	08 TEAMS	No	**Yes**	SD Plan 0105	6	0	6
				SD Plan 1376	7	0	7
				SD Plan 1377	6	0	6
				SD Plan 1378	3	0	3
				SD Plan 1379	3	0	3
				SD Plan 3337	16	0	16
	09 OP. E	No	**Yes**	SD Plan 0105	5	0	5
				SD Plan 0579	9	0	9
				SD Plan 1376	7	0	7
				SD Plan 1377	10	0	10
	10 PSE	No	**Yes**	SD Plan 0105	32	0	32
				SD Plan 0579	32	0	32
				SD Plan 1376	29	0	29
				SD Plan 1377	58	0	58
				SD Plan 1378	14	0	14
				SD Plan 1379	13	0	13

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1380	2	0	2
	PRINCIPA	Yes	**No**	SD Plan 0105	3	0	3
				SD Plan 0579	6	0	6
				SD Plan 1376	5	0	5
				SD Plan 1377	5	0	5
				SD Plan 1378	1	0	1
				SD Plan 1379	1	0	1
Franklin Pierce School District Total					**809**	**0**	**809**
Freeman School District	**CERTIFICATED**	Yes	**No**	SD Plan 0053	9	3	12
				SD Plan 0054	3	2	5
				SD Plan 0055	24	19	43
				SD Plan 0058	11	12	23
				SD Plan 0059	1	0	1
				SD Plan 0060	7	7	14
	CLASSIFIED	No	**Yes**	SD Plan 0053	1	0	1
				SD Plan 0054	4	2	6
				SD Plan 0055	18	14	32
				SD Plan 0058	12	13	25
				SD Plan 0059	1	1	2
				SD Plan 0060	1	0	1
Freeman School District Total					**92**	**73**	**165**
Garfield School District	**CERT TEACHER**	No	**Yes**	SD Plan 0537	4	0	4
		Yes	**No**	SD Plan 0537	7	0	7
				SD Plan 0539	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 0537	6	0	6
				SD Plan 0539	4	0	4
Garfield School District Total					**24**	**0**	**24**
Glenwood School District	**BALES CLASS SY**	No	**Yes**	SD Plan 1387	1	0	1
	CLASS CUST/BUS	No	**Yes**	SD Plan 1387	2	0	2
	CLASS FY 6HR	No	**Yes**	SD Plan 1387	1	0	1
	CLASS FY 8HR	No	**Yes**	SD Plan 1387	2	0	2
	CLASS SY 6.25HR	No	**Yes**	SD Plan 1387	2	0	2

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	CLASS SY 6.5 HR	No	**Yes**	SD Plan 1387	1	0	1
	CLASS SY 7.00	No	**Yes**	SD Plan 1387	1	0	1
	COUNSELOR	No	**Yes**	SD Plan 1387	1	0	1
	FOOD SVC 7.50HR	No	**Yes**	SD Plan 1387	1	0	1
	MUSIC TEACHER	Yes	**No**	SD Plan 1387	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 1387	1	0	1
	TEACHER	No	**Yes**	SD Plan 1387	4	0	4
		Yes	**No**	SD Plan 1387	2	0	2
Glenwood School District Total					**20**	**0**	**20**
Goldendale School District	**ADMIN SUPPORT**	No	**Yes**	SD Plan 1976	3	0	3
				SD Plan 1977	1	0	1
				SD Plan 1978	2	0	2
	ADMINISTRATORS	Yes	**No**	SD Plan 1976	2	0	2
				SD Plan 1978	1	0	1
	BLDG SECRETARY	No	**Yes**	SD Plan 1976	3	0	3
				SD Plan 1978	2	0	2
	CERTIFIED	Yes	**No**	SD Plan 1976	32	0	32
				SD Plan 1977	6	0	6
				SD Plan 1978	10	0	10
	COOKS	No	**Yes**	SD Plan 1978	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 1976	6	0	6
	DRIVERS	No	**Yes**	SD Plan 1976	2	0	2
				SD Plan 1977	1	0	1
				SD Plan 1978	3	0	3
	EARLY CHILD	No	**Yes**	SD Plan 1976	1	0	1
	GEAR UP	No	**Yes**	SD Plan 1977	1	0	1
	LIBRARY	No	**Yes**	SD Plan 1976	2	0	2
	MECHANIC	No	**Yes**	SD Plan 1977	1	0	1
	PARA	No	**Yes**	SD Plan 1976	7	0	7
				SD Plan 1977	4	0	4
				SD Plan 1978	3	0	3
	SUPERINTENDENT	Yes	**No**	SD Plan 1976	1	0	1

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	TERM EMPLOYEE	No	**Yes**	SD Plan 1976	1	0	1
				SD Plan 1977	1	0	1
Goldendale School District Total					**97**	**0**	**97**
Grand Coulee Dam School District	**ADMIN**	No	**Yes**	SD Plan 4138	6	3	9
	CERT INSTR	Yes	**No**	SD Plan 4138	42	38	80
	CLASS EMPLOYEES	No	**Yes**	SD Plan 4138	53	54	107
	ELEM PRINCIPAL	Yes	**No**	SD Plan 4138	1	0	1
	HS PRINCIPAL	Yes	**No**	SD Plan 4138	1	2	3
	MS PRINCIPAL	Yes	**No**	SD Plan 4138	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 4138	1	1	2
Grand Coulee Dam School District Total					**105**	**98**	**203**
Grandview School District	**BUS MECHANIC**	No	**Yes**	SD Plan 2140	1	0	1
	CERT 1 YR ONLY	Yes	**No**	SD Plan 2715	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 2136	2	0	2
				SD Plan 2137	3	4	7
				SD Plan 2139	27	32	59
				SD Plan 2140	90	90	180
				SD Plan 2141	16	15	31
				SD Plan 2715	40	41	81
				SD Plan 2716	3	4	7
				SD Plan 3887	4	3	7
	CLERICAL ASST	No	**Yes**	SD Plan 2140	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 2139	3	7	10
				SD Plan 2140	7	2	9
				SD Plan 2141	1	0	1
				SD Plan 2715	5	1	6
				SD Plan 3887	2	0	2
	DIR FED PROGRAM	Yes	**No**	SD Plan 2140	1	3	4
	DIR SPEC ED	Yes	**No**	SD Plan 2715	1	0	1
	DIST ADMIN-HR	Yes	**No**	SD Plan 2715	1	0	1
	ELEM PRINCIPAL	Yes	**No**	SD Plan 2139	1	1	2
				SD Plan 2715	2	5	7

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	EXEMPT ACCTG	No	**Yes**	SD Plan 2715	4	8	12
	EXEMPT STAFF	No	**Yes**	SD Plan 2136	1	0	1
				SD Plan 2139	1	2	3
				SD Plan 2140	4	1	5
				SD Plan 2141	4	9	13
				SD Plan 2715	1	2	3
				SD Plan 2716	1	1	2
	FOOD SERV STAFF	No	**Yes**	SD Plan 2136	1	0	1
				SD Plan 2139	1	0	1
				SD Plan 2140	6	3	9
				SD Plan 2715	2	0	2
	GUARD	No	**Yes**	SD Plan 2141	1	0	1
				SD Plan 2715	1	0	1
	HIGH PRINCIPAL	Yes	**No**	SD Plan 2141	1	1	2
	Maintenance	No	**Yes**	SD Plan 2140	1	3	4
				SD Plan 2715	2	5	7
	MS-COMPASS PRIN	Yes	**No**	SD Plan 2141	1	0	1
				SD Plan 2715	1	1	2
	NURSE ASST	No	**Yes**	SD Plan 2139	1	1	2
				SD Plan 2715	1	3	4
	PARA-BUS AIDE	No	**Yes**	SD Plan 2136	1	0	1
				SD Plan 2139	9	19	28
				SD Plan 2140	19	15	34
				SD Plan 2141	6	2	8
				SD Plan 2715	33	14	47
				SD Plan 2716	1	1	2
	SECRETARY	No	**Yes**	SD Plan 2140	3	5	8
				SD Plan 2715	10	23	33
	SECRETARY ASST	No	**Yes**	SD Plan 2139	3	7	10
				SD Plan 2715	5	5	10
	SUP FINANCE/OP	No	**Yes**	SD Plan 2141	1	4	5
	SUP TEACH/LEARN	Yes	**No**	SD Plan 2140	1	0	1

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	SUPER & ASST	Yes	**No**	SD Plan 2141	1	2	3
	SUPERVISOR-FS	No	**Yes**	SD Plan 2715	1	0	1
	SUPERVISOR-MNTE	No	**Yes**	SD Plan 2139	1	1	2
	SUPERVISOR-TRNP	No	**Yes**	SD Plan 2140	1	1	2
	TEMP EXEMPT	No	**Yes**	SD Plan 2715	1	1	2
	TRANSPORTATION	No	**Yes**	SD Plan 2139	1	4	5
				SD Plan 2140	2	0	2
				SD Plan 2715	5	6	11
				SD Plan 3887	1	0	1
	VICE PRINCIPAL	Yes	**No**	SD Plan 2140	2	3	5
				SD Plan 2141	1	0	1
				SD Plan 2715	1	1	2
	VOCATIONAL DIR	Yes	**No**	SD Plan 2141	1	0	1
Grandview School District Total					**359**	**362**	**721**
Granger School District	**ACCTS PAYABLE**	No	**Yes**	SD Plan 4156	1	2	3
	ACT DIRECTOR	No	**Yes**	SD Plan 4156	1	2	3
	ASSISTANT COOK	No	**Yes**	SD Plan 0551	2	1	3
				SD Plan 3308	2	5	7
	ASST COOK	No	**Yes**	SD Plan 0551	2	0	2
	BLDG SECRETARY	No	**Yes**	SD Plan 0551	2	5	7
				SD Plan 0552	3	7	10
				SD Plan 3308	2	5	7
	BUS DRIVER/MAIL	No	**Yes**	SD Plan 0551	1	1	2
	BUS DRIVER/SPED	No	**Yes**	SD Plan 0552	1	1	2
	BUS MECH/DRIVER	No	**Yes**	SD Plan 0552	1	3	4
	COMPUTER TECH	No	**Yes**	SD Plan 0551	1	0	1
				SD Plan 4156	1	1	2
	CUST/BUS DRIVER	No	**Yes**	SD Plan 0551	1	0	1
				SD Plan 0552	1	1	2
	CUSTODIAL	No	**Yes**	SD Plan 0551	1	0	1
				SD Plan 0552	2	2	4
				SD Plan 3296	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CUSTODIAL/MAINT	No	**Yes**	SD Plan 0551	2	0	2
				SD Plan 0552	2	3	5
	DIR OF FINANCE	No	**Yes**	SD Plan 4156	1	2	3
	ECEAP RECRUITER	No	**Yes**	SD Plan 0552	1	2	3
	ECEAP SECRETARY	No	**Yes**	SD Plan 0551	1	3	4
	ELEM PRINCIPAL	Yes	**No**	SD Plan 4156	1	2	3
	ELEM VICE PRIN	Yes	**No**	SD Plan 4156	1	2	3
	FED PROG SEC	No	**Yes**	SD Plan 4156	1	3	4
	FED PROGRAM DIR	Yes	**No**	SD Plan 4156	1	1	2
	FOOD SERV CUST	No	**Yes**	SD Plan 3298	1	0	1
	FOOD SERV SUPER	No	**Yes**	SD Plan 4156	1	1	2
	HI SC PRINCIPAL	Yes	**No**	SD Plan 4156	1	3	4
	HOME LIAISON	No	**Yes**	SD Plan 0551	1	0	1
				SD Plan 0552	2	2	4
				SD Plan 4157	1	0	1
	HS VICE PRIN	Yes	**No**	SD Plan 4156	1	3	4
	LIBRARY PARA	No	**Yes**	SD Plan 0551	2	0	2
				SD Plan 0552	1	6	7
	LUNCH CASHIER	No	**Yes**	SD Plan 0552	1	2	3
	MAINT SUPERVIS	No	**Yes**	SD Plan 4156	1	1	2
	MS PRINCIPAL	Yes	**No**	SD Plan 4156	1	4	5
	MS VICE PRIN	Yes	**No**	SD Plan 4156	1	3	4
	NURSE	No	**Yes**	SD Plan 4154	1	2	3
	OTHER ADMIN	Yes	**No**	SD Plan 4156	1	3	4
	PARA ED	No	**Yes**	SD Plan 0551	2	1	3
	PARA ED/PRE SCH	No	**Yes**	SD Plan 0551	3	6	9
	PARA EDUCATOR	No	**Yes**	SD Plan 0551	10	2	12
				SD Plan 0552	6	3	9
				SD Plan 3296	1	2	3
				SD Plan 3308	1	4	5
	PARA SPED	No	**Yes**	SD Plan 0551	3	2	5
				SD Plan 0552	3	1	4

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				SD Plan 3296	1	0	1
	PARA/PRE SCH TE	No	**Yes**	SD Plan 0551	2	0	2
	PAYROLL/PERSONN	No	**Yes**	SD Plan 4156	2	4	6
	PSYCHOLOGIST 2	Yes	**No**	SD Plan 4156	1	0	1
	SP ED SECRETARY	No	**Yes**	SD Plan 0551	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 4156	1	2	3
	SUPT SECRETARY	No	**Yes**	SD Plan 4156	1	0	1
	TEACHERS	Yes	**No**	SD Plan 4154	29	20	49
				SD Plan 4155	13	24	37
				SD Plan 4156	33	46	79
				SD Plan 4157	7	13	20
	TRANS SUPERVIS	No	**Yes**	SD Plan 4156	1	1	2
	VOC TEACHER	Yes	**No**	SD Plan 4155	2	3	5
				SD Plan 4156	1	0	1
Granger School District Total					**178**	**218**	**396**
Granite Falls School District	**ADMINISTRATION**	No	**Yes**	SD Plan 0623	1	4	5
		Yes	**No**	SD Plan 0623	8	18	26
	CLASSIFIED NON-REP	No	**Yes**	SD Plan 1405	4	9	13
	GRANITE FALLS ED ASSO	No	**Yes**	SD Plan 0623	12	6	18
				SD Plan 1401	1	3	4
				SD Plan 1402	1	0	1
				SD Plan 1404	2	8	10
				SD Plan 1405	3	2	5
				SD Plan 2668	2	2	4
		Yes	**No**	SD Plan 0623	45	44	89
				SD Plan 1401	4	3	7
				SD Plan 1402	5	7	12
				SD Plan 1403	1	0	1
				SD Plan 1404	1	5	6
				SD Plan 1405	16	19	35
				SD Plan 2668	7	10	17
	PUBLIC SCHOOL EMPLOYE	No	**Yes**	SD Plan 0623	17	8	25

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				SD Plan 1401	3	0	3
				SD Plan 1402	6	3	9
				SD Plan 1403	5	5	10
				SD Plan 1405	20	14	34
				SD Plan 2668	7	3	10
Granite Falls School District Total					**171**	**173**	**344**
Grapeview School District	**CERTIFICATED**	No	**Yes**	SD Plan 3810	1	2	3
		Yes	**No**	SD Plan 0656	6	6	12
				SD Plan 0657	5	1	6
				SD Plan 3810	2	3	5
	CLASSIFIED	No	**Yes**	SD Plan 0656	2	4	6
				SD Plan 0657	2	0	2
				SD Plan 3810	4	0	4
Grapeview School District Total					**22**	**16**	**38**
Great Northern School District	**CERT STAFF**	Yes	**No**	SD Plan 0757	3	0	3
	CLASS STAFF	No	**Yes**	SD Plan 0757	1	0	1
Great Northern School District Total					**4**	**0**	**4**
Green Mountain School District	**CERT MO ADMIN**	Yes	**No**	SD Plan 0229	1	1	2
	CERT MONTHLY	Yes	**No**	SD Plan 0133	1	1	2
				SD Plan 0140	1	1	2
				SD Plan 0229	2	2	4
				SD Plan 0602	4	4	8
				SD Plan 2905	1	1	2
	CLASS HOURLY	No	**Yes**	SD Plan 0133	1	1	2
				SD Plan 0140	1	1	2
				SD Plan 0229	1	1	2
				SD Plan 0602	5	5	10
	CLASSIFIED CONT	No	**Yes**	SD Plan 2905	1	1	2
Green Mountain School District Total					**19**	**19**	**38**
Griffin School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 2088	1	1	2
		Yes	**No**	SD Plan 2088	1	2	3
				SD Plan 2092	2	7	9

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	Classified Leadership	No	**Yes**	SD Plan 2091	2	2	4
				SD Plan 2093	1	1	2
	Griffin Education Associatic	No	**Yes**	SD Plan 0571	2	2	4
				SD Plan 2091	2	2	4
				SD Plan 2093	1	0	1
		Yes	**No**	SD Plan 0571	7	6	13
				SD Plan 2088	4	12	16
				SD Plan 2089	2	2	4
				SD Plan 2091	7	8	15
				SD Plan 2092	1	0	1
				SD Plan 2093	9	0	9
				SD Plan 2274	1	6	7
	Teamsters Local 252	No	**Yes**	SD Plan 0571	3	0	3
				SD Plan 2088	11	14	25
				SD Plan 2089	1	4	5
				SD Plan 2091	2	1	3
				SD Plan 2092	2	5	7
				SD Plan 2093	11	4	15
Griffin School District Total					**73**	**79**	**152**
Harrington School District	**CERTIFICATED STAFF**	Yes	**No**	SD Plan 0944	1	0	1
				SD Plan 3491	2	0	2
				SD Plan 3492	10	0	10
				SD Plan 3495	1	0	1
	CLASSIFIED STAFF	No	**Yes**	SD Plan 0020	1	0	1
				SD Plan 0023	3	0	3
				SD Plan 3492	7	0	7
				SD Plan 3701	1	0	1
				SD Plan 3713	1	0	1
				SD Plan 3717	1	0	1
Harrington School District Total					**28**	**0**	**28**
Highland School District	**.365 to .528**	No	**Yes**	SD Plan 2032	1	0	1
	.548 to .792	No	**Yes**	SD Plan 0623	1	0	1

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				SD Plan 2032	2	0	2
	.593 to .858	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 0652	3	0	3
				SD Plan 2816	2	0	2
	.639 to .924	No	**Yes**	SD Plan 2816	2	0	2
	.685 to .990	No	**Yes**	SD Plan 0652	1	0	1
				SD Plan 2193	1	0	1
				SD Plan 2816	1	0	1
	.730 to 1.0	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 0652	3	0	3
				SD Plan 2032	1	0	1
				SD Plan 2193	1	0	1
				SD Plan 2816	1	0	1
	0.457	No	**Yes**	SD Plan 0652	1	0	1
	0.548	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 2032	2	0	2
	1.00 FTE	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 0652	2	0	2
				SD Plan 2032	1	0	1
				SD Plan 2193	3	0	3
				SD Plan 2816	2	0	2
				SD Plan 2817	3	0	3
				SD Plan 2819	1	1	2
	4 @ 190 .365	No	**Yes**	SD Plan 2032	1	0	1
	6.5 @ 190 .593	No	**Yes**	SD Plan 0652	3	0	3
				SD Plan 2032	2	0	2
				SD Plan 2816	2	0	2
				SD Plan 2817	1	0	1
	8 @ 190 .730	No	**Yes**	SD Plan 0652	1	0	1
				SD Plan 2032	1	0	1
				SD Plan 2816	1	0	1
	CL ADM. 1.00	No	**Yes**	SD Plan 2819	1	2	3

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	PRINCIPALS	Yes	**No**	SD Plan 2819	5	0	5
	SEC .858	No	**Yes**	SD Plan 2032	1	0	1
				SD Plan 2816	1	0	1
	SP. PROGRAMS	Yes	**No**	SD Plan 2819	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 2819	1	1	2
	TEA 1.00 FTE	No	**Yes**	SD Plan 2193	1	0	1
		Yes	**No**	SD Plan 0623	12	0	12
				SD Plan 0652	24	0	24
				SD Plan 2032	7	0	7
				SD Plan 2193	7	0	7
				SD Plan 2751	1	0	1
				SD Plan 2816	22	0	22
				SD Plan 2817	1	0	1
	TEA.561 FTE	Yes	**No**	SD Plan 2816	1	0	1
	TEA.625 (HALL)	Yes	**No**	SD Plan 0623	1	0	1
Highland School District Total					**138**	**4**	**142**
Highline School District	**CERTIFICATED**	Yes	**No**	SD Plan 2102	5	0	5
				SD Plan 2103	75	0	75
				SD Plan 2104	41	0	41
				SD Plan 2105	13	0	13
				SD Plan 2106	4	0	4
				SD Plan 2107	475	0	475
				SD Plan 2108	148	0	148
				SD Plan 2109	1	0	1
				SD Plan 2110	3	0	3
				SD Plan 2111	111	0	111
				SD Plan 2113	1	0	1
				SD Plan 2116	1	0	1
				SD Plan 2117	1	0	1
				SD Plan 2119	4	0	4
				SD Plan 2120	313	0	313
	Certificated Administrators	No	**Yes**	SD Plan 2117	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	**No**	SD Plan 2114	3	0	3
				SD Plan 2115	3	0	3
				SD Plan 2116	8	0	8
				SD Plan 2117	11	0	11
				SD Plan 2118	32	0	32
				SD Plan 2120	13	0	13
	Certificated Substitutes	Yes	**No**	SD Plan 2107	2	0	2
				SD Plan 2108	2	0	2
				SD Plan 2120	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 2113	36	0	36
				SD Plan 2114	45	0	45
				SD Plan 2115	12	0	12
				SD Plan 2116	100	0	100
				SD Plan 2117	111	0	111
				SD Plan 2118	268	0	268
				SD Plan 2120	266	0	266
		Yes	**No**	SD Plan 2104	1	0	1
	Classified Administrators	No	**Yes**	SD Plan 2113	1	0	1
				SD Plan 2115	1	0	1
				SD Plan 2116	3	0	3
				SD Plan 2117	5	0	5
				SD Plan 2118	6	0	6
				SD Plan 2120	3	0	3
		Yes	**No**	SD Plan 2118	1	0	1
	Classified Substitutes	No	**Yes**	SD Plan 2117	1	0	1
		Yes	**No**	SD Plan 2120	1	0	1
Highline School District Total					**2,135**	**0**	**2,135**
Hockinson School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 0533	1	3	4
				SD Plan 0599	2	5	7
				SD Plan 0613	3	5	8
				SD Plan 2396	1	3	4
	AIDE	No	**Yes**	SD Plan 0329	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0494	2	1	3
				SD Plan 0530	1	3	4
				SD Plan 0533	10	13	23
				SD Plan 0599	3	3	6
				SD Plan 0613	1	0	1
				SD Plan 4106	1	3	4
	CERTIFICATED	No	**Yes**	SD Plan 0329	1	0	1
				SD Plan 0530	1	1	2
		Yes	**No**	SD Plan 0108	2	3	5
				SD Plan 0327	9	14	23
				SD Plan 0329	4	1	5
				SD Plan 0494	3	7	10
				SD Plan 0530	22	35	57
				SD Plan 0533	12	10	22
				SD Plan 0599	12	1	13
				SD Plan 0613	9	2	11
				SD Plan 2396	7	13	20
				SD Plan 4106	5	6	11
	CERTS PART TIME	Yes	**No**	SD Plan 0108	1	2	3
				SD Plan 0494	1	0	1
				SD Plan 0530	1	0	1
				SD Plan 0533	2	0	2
				SD Plan 4106	5	0	5
	Class Admin	No	**Yes**	SD Plan 0329	1	0	1
				SD Plan 0530	1	3	4
				SD Plan 0533	2	7	9
				SD Plan 0613	1	1	2
				SD Plan 2396	1	3	4
	CLASS NON-REP	No	**Yes**	SD Plan 0494	1	3	4
				SD Plan 0530	1	0	1
				SD Plan 0599	1	0	1
				SD Plan 2396	1	1	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CUST/MAI/GR	No	**Yes**	SD Plan 0108	2	4	6
				SD Plan 0327	1	1	2
				SD Plan 0329	1	0	1
				SD Plan 0530	7	6	13
				SD Plan 0613	2	0	2
	SECRETARY	No	**Yes**	SD Plan 0108	2	5	7
				SD Plan 0494	1	3	4
				SD Plan 0530	4	3	7
				SD Plan 0599	1	2	3
				SD Plan 0613	3	2	5
				SD Plan 4106	1	2	3
Hockinson School District Total					**158**	**182**	**340**
Hood Canal School District	**BUSINESS MGR**	No	**Yes**	SD Plan 2942	1	0	1
	Dir Student Ser	Yes	**No**	SD Plan 2942	1	0	1
	Hourly Class	No	**Yes**	SD Plan 2942	8	0	8
				SD Plan 2943	3	0	3
				SD Plan 4055	5	0	5
	PRINCIPAL	Yes	**No**	SD Plan 2942	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 2942	1	0	1
	TEACHER	Yes	**No**	SD Plan 2942	8	0	8
				SD Plan 2943	7	0	7
				SD Plan 2944	2	0	2
				SD Plan 4055	4	0	4
Hood Canal School District Total					**41**	**0**	**41**
Hoquiam School District	**ADM OFFICE**	No	**Yes**	SD Plan 0746	2	0	2
				SD Plan 0747	2	3	5
				SD Plan 1791	1	2	3
	ADMINISTRATORS	Yes	**No**	SD Plan 0026	1	3	4
				SD Plan 0579	1	0	1
				SD Plan 0746	7	5	12
				SD Plan 0747	2	7	9
	CERTIFICATED	Yes	**No**	SD Plan 0579	3	3	6

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				SD Plan 0746	64	60	124
				SD Plan 0747	13	25	38
				SD Plan 0749	6	2	8
				SD Plan 1791	3	4	7
	CLASS FULLTIME	No	**Yes**	SD Plan 0579	1	2	3
				SD Plan 0746	12	6	18
				SD Plan 0747	4	7	11
				SD Plan 1791	1	1	2
	CLASS PARTTIME	No	**Yes**	SD Plan 0579	2	0	2
				SD Plan 0746	29	10	39
				SD Plan 0747	10	8	18
				SD Plan 1791	16	17	33
	SUPERINTENDENT	Yes	**No**	SD Plan 0746	1	1	2
Hoquiam School District Total					**181**	**166**	**347**
Inchelium School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 4029	2	0	2
	CERTIFICATED	No	**Yes**	SD Plan 3779	1	0	1
		Yes	**No**	SD Plan 0523	2	0	2
				SD Plan 3779	5	0	5
				SD Plan 4017	7	0	7
				SD Plan 4021	2	0	2
				SD Plan 4029	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 0523	5	0	5
				SD Plan 0524	1	0	1
				SD Plan 3779	3	0	3
				SD Plan 4017	8	0	8
				SD Plan 4021	1	0	1
				SD Plan 4029	1	0	1
Inchelium School District Total					**41**	**0**	**41**
Index School District	**CERTIFICATED**	Yes	**No**	SD Plan 0020	2	0	2
				SD Plan 1502	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0022	1	0	1
				SD Plan 1501	1	1	2

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Index School District Total					**5**	**1**	**6**
Issaquah School District	**BUS**	No	**Yes**	SD Plan 1510	14	0	14
				SD Plan 1512	38	0	38
				SD Plan 1517	10	0	10
				SD Plan 1519	15	0	15
				SD Plan 1523	6	0	6
				SD Plan 1525	4	0	4
	CL ADMIN	No	**Yes**	SD Plan 1512	9	0	9
				SD Plan 1517	2	0	2
				SD Plan 1523	1	0	1
	CT ADMIN	Yes	**No**	SD Plan 1510	1	0	1
				SD Plan 1512	7	0	7
				SD Plan 1517	3	0	3
				SD Plan 1519	1	0	1
				SD Plan 1523	1	0	1
	CUST	No	**Yes**	SD Plan 1510	8	0	8
				SD Plan 1512	40	0	40
				SD Plan 1517	14	0	14
				SD Plan 1519	9	0	9
				SD Plan 1523	2	0	2
	ED ASST	No	**Yes**	SD Plan 1510	20	0	20
				SD Plan 1512	73	0	73
				SD Plan 1517	57	0	57
				SD Plan 1519	40	0	40
				SD Plan 1523	13	0	13
				SD Plan 1525	4	0	4
	FOOD SERVICE	No	**Yes**	SD Plan 1510	9	0	9
				SD Plan 1512	24	0	24
				SD Plan 1517	14	0	14
				SD Plan 1519	11	0	11
	MAINT	No	**Yes**	SD Plan 1510	4	0	4
				SD Plan 1512	21	0	21

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1517	5	0	5
				SD Plan 1527	1	0	1
	MECH	No	**Yes**	SD Plan 1510	2	0	2
				SD Plan 1512	7	0	7
				SD Plan 1517	3	0	3
	PRINCIPAL	Yes	**No**	SD Plan 1510	5	0	5
				SD Plan 1512	19	0	19
				SD Plan 1517	4	0	4
				SD Plan 1519	4	0	4
				SD Plan 1523	1	0	1
				SD Plan 1525	1	0	1
	SECRETARY	No	**Yes**	SD Plan 1510	7	0	7
				SD Plan 1512	67	0	67
				SD Plan 1517	13	0	13
				SD Plan 1519	11	0	11
				SD Plan 1523	4	0	4
				SD Plan 1525	1	0	1
	TEACHER .35	No	**Yes**	SD Plan 1517	1	0	1
	TEACHER .4 RTW	Yes	**No**	SD Plan 1510	1	0	1
	TEACHER .40	Yes	**No**	SD Plan 1512	1	0	1
				SD Plan 1517	1	0	1
	TEACHER .45	Yes	**No**	SD Plan 1517	1	0	1
	TEACHER .50	Yes	**No**	SD Plan 1512	5	0	5
				SD Plan 1517	3	0	3
				SD Plan 1519	1	0	1
				SD Plan 1527	1	0	1
	TEACHER .60	Yes	**No**	SD Plan 1510	2	0	2
				SD Plan 1512	6	0	6
				SD Plan 1517	2	0	2
				SD Plan 1519	3	0	3
				SD Plan 1525	1	0	1
	TEACHER .65	Yes	**No**	SD Plan 1510	1	0	1

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	TEACHER .70	Yes	**No**	SD Plan 1512	2	0	2
				SD Plan 1517	1	0	1
				SD Plan 1519	1	0	1
	TEACHER .75	Yes	**No**	SD Plan 1510	1	0	1
				SD Plan 1523	1	0	1
	TEACHER .80	Yes	**No**	SD Plan 1510	1	0	1
				SD Plan 1512	21	0	21
				SD Plan 1517	3	0	3
				SD Plan 1519	4	0	4
				SD Plan 1525	1	0	1
				SD Plan 1527	1	0	1
	TEACHER .85	Yes	**No**	SD Plan 1512	1	0	1
				SD Plan 1517	1	0	1
				SD Plan 1523	1	0	1
	TEACHER .90	Yes	**No**	SD Plan 1512	1	0	1
	TEACHER .95	Yes	**No**	SD Plan 1523	1	0	1
	TEACHER 1.0	Yes	**No**	SD Plan 1510	131	0	131
				SD Plan 1512	535	0	535
				SD Plan 1517	96	0	96
				SD Plan 1519	57	0	57
				SD Plan 1523	16	0	16
				SD Plan 1525	5	0	5
				SD Plan 1527	6	0	6
	UNREP	No	**Yes**	SD Plan 1510	12	0	12
				SD Plan 1512	35	0	35
				SD Plan 1517	7	0	7
				SD Plan 1519	10	0	10
				SD Plan 1523	4	0	4
				SD Plan 1525	2	0	2
	UNREP HOURLY	No	**Yes**	SD Plan 1510	8	0	8
				SD Plan 1512	23	0	23
				SD Plan 1517	13	0	13

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1519	6	0	6
				SD Plan 1523	3	0	3
				SD Plan 1525	2	0	2
				SD Plan 1527	1	0	1
Issaquah School District Total					**1,674**	**0**	**1,674**
Kahlotus School District	**CERTIFICATED STAFF**	No	**Yes**	SD Plan 0627	2	0	2
		Yes	**No**	SD Plan 0627	9	0	9
	CLASSIFIED STAFF	No	**Yes**	SD Plan 3860	8	0	8
Kahlotus School District Total					**19**	**0**	**19**
Kalama School District	**01 Cert Staff**	No	**Yes**	SD Plan 0313	1	2	3
				SD Plan 0489	3	7	10
				SD Plan 0633	1	0	1
				SD Plan 0659	1	2	3
				SD Plan 0746	4	1	5
		Yes	**No**	SD Plan 0035	2	0	2
				SD Plan 0036	1	0	1
				SD Plan 0038	2	1	3
				SD Plan 0313	1	2	3
				SD Plan 0489	14	20	34
				SD Plan 0492	3	7	10
				SD Plan 0633	2	0	2
				SD Plan 0746	3	5	8
				SD Plan 0747	4	7	11
	02 Cert Administrators	Yes	**No**	SD Plan 0313	1	1	2
				SD Plan 0489	1	3	4
				SD Plan 0747	1	3	4
	03 Class Administrators	No	**Yes**	SD Plan 0038	1	0	1
				SD Plan 0489	3	3	6
	04 Secretaries	No	**Yes**	SD Plan 0038	1	1	2
				SD Plan 0492	1	1	2
				SD Plan 0746	1	0	1
	05 Classified	No	**Yes**	SD Plan 0313	7	3	10

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0489	2	4	6
				SD Plan 0492	1	1	2
				SD Plan 0633	1	0	1
				SD Plan 0746	2	1	3
				SD Plan 0747	1	0	1
				SD Plan 0749	1	4	5
	06 Superintendent	Yes	**No**	SD Plan 0492	1	2	3
Kalama School District Total					**68**	**81**	**149**
Keller School District	**ALL STAFF Certificated**	Yes	**No**	SD Plan 0656	1	1	2
				SD Plan 0657	1	2	3
				SD Plan 0658	1	1	2
	ALL STAFF Classified	No	**Yes**	SD Plan 0655	3	4	7
				SD Plan 0656	4	7	11
				SD Plan 0657	1	5	6
Keller School District Total					**11**	**20**	**31**
Kelso School District	**001 Administrators**	Yes	**No**	SD Plan 0131	4	2	6
				SD Plan 0313	1	0	1
				SD Plan 0659	1	3	4
	002 Principals	Yes	**No**	SD Plan 0131	6	7	13
				SD Plan 0136	1	0	1
				SD Plan 0313	4	5	9
				SD Plan 0576	1	3	4
				SD Plan 0604	1	4	5
				SD Plan 0659	1	3	4
	003 Certificated	Yes	**No**	SD Plan 0131	56	56	112
				SD Plan 0136	45	57	102
				SD Plan 0313	77	76	153
				SD Plan 0576	29	37	66
				SD Plan 0577	8	23	31
				SD Plan 0604	45	25	70
				SD Plan 0659	1	3	4
				SD Plan 1535	5	9	14

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	004 PSE 1	No	**Yes**	SD Plan 0131	22	11	33
				SD Plan 0136	18	11	29
				SD Plan 0313	36	18	54
				SD Plan 0576	22	22	44
				SD Plan 0577	17	7	24
				SD Plan 0604	25	4	29
				SD Plan 1535	11	4	15
	005 PSE 2	No	**Yes**	SD Plan 0131	1	0	1
				SD Plan 0136	3	2	5
				SD Plan 0313	3	0	3
				SD Plan 0576	1	1	2
				SD Plan 0604	3	2	5
				SD Plan 1535	1	0	1
	006 Non-rep	No	**Yes**	SD Plan 0131	2	2	4
				SD Plan 0136	4	7	11
				SD Plan 0313	4	1	5
				SD Plan 0576	1	2	3
				SD Plan 0577	2	12	14
				SD Plan 0604	3	0	3
				SD Plan 0659	1	3	4
Kelso School District Total					**466**	**422**	**888**
Kennewick School District	**ADMINSTRATORS KAA**	No	**Yes**	SD Plan 0672	6	0	6
				SD Plan 0673	3	0	3
				SD Plan 0674	8	0	8
				SD Plan 0680	3	0	3
				SD Plan 0681	6	0	6
				SD Plan 0682	2	0	2
				SD Plan 0683	4	0	4
				SD Plan 0690	2	0	2
				SD Plan 0691	1	0	1
				SD Plan 0696	1	0	1
				SD Plan 0697	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0698	1	0	1
				SD Plan 0699	2	0	2
				SD Plan 0705	1	0	1
				SD Plan 0706	1	0	1
				SD Plan 0707	1	0	1
				SD Plan 0728	1	0	1
	CABINET	No	**Yes**	SD Plan 0674	1	0	1
				SD Plan 0680	1	0	1
				SD Plan 0683	1	0	1
				SD Plan 0697	1	0	1
				SD Plan 0721	1	0	1
				SD Plan 0730	2	0	2
	MAINTENANCE OPS	No	**Yes**	SD Plan 0670	3	0	3
				SD Plan 0672	6	0	6
				SD Plan 0674	32	0	32
				SD Plan 0675	1	0	1
				SD Plan 0678	1	0	1
				SD Plan 0680	4	0	4
				SD Plan 0682	5	0	5
				SD Plan 0683	3	0	3
				SD Plan 0688	1	0	1
				SD Plan 0690	4	0	4
				SD Plan 0696	4	0	4
				SD Plan 0697	5	0	5
				SD Plan 0698	9	0	9
				SD Plan 0699	1	0	1
				SD Plan 0704	6	0	6
				SD Plan 0705	2	0	2
				SD Plan 0707	1	0	1
				SD Plan 0712	4	0	4
				SD Plan 0714	2	0	2
				SD Plan 0715	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0723	1	0	1
				SD Plan 0726	1	0	1
				SD Plan 0728	9	0	9
				SD Plan 0730	10	0	10
				SD Plan 0731	2	0	2
	NUTRITION SERV	No	**Yes**	SD Plan 0670	1	0	1
				SD Plan 0674	13	0	13
				SD Plan 0678	1	0	1
				SD Plan 0680	2	0	2
				SD Plan 0681	1	0	1
				SD Plan 0682	3	0	3
				SD Plan 0683	2	0	2
				SD Plan 0688	3	0	3
				SD Plan 0690	1	0	1
				SD Plan 0694	1	0	1
				SD Plan 0698	2	0	2
				SD Plan 0702	1	0	1
				SD Plan 0704	2	0	2
				SD Plan 0706	1	0	1
				SD Plan 0712	1	0	1
				SD Plan 0714	2	0	2
				SD Plan 0715	2	0	2
				SD Plan 0721	1	0	1
				SD Plan 0726	1	0	1
				SD Plan 0728	1	0	1
	OFF SCHEDULE	No	**Yes**	SD Plan 0672	2	0	2
				SD Plan 0673	1	0	1
				SD Plan 0674	13	0	13
				SD Plan 0675	1	0	1
				SD Plan 0680	6	0	6
				SD Plan 0681	1	0	1
				SD Plan 0682	7	0	7

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0691	1	0	1
				SD Plan 0696	6	0	6
				SD Plan 0697	4	0	4
				SD Plan 0698	3	0	3
				SD Plan 0699	3	0	3
				SD Plan 0706	1	0	1
				SD Plan 0707	1	0	1
				SD Plan 0712	2	0	2
				SD Plan 0728	1	0	1
				SD Plan 0729	1	0	1
				SD Plan 0730	3	0	3
	PARAEDUCATOR/CASHIER	No	**Yes**	SD Plan 0670	2	0	2
				SD Plan 0672	12	0	12
				SD Plan 0673	2	0	2
				SD Plan 0674	61	0	61
				SD Plan 0675	5	0	5
				SD Plan 0676	1	0	1
				SD Plan 0678	2	0	2
				SD Plan 0680	9	0	9
				SD Plan 0681	9	0	9
				SD Plan 0682	35	0	35
				SD Plan 0683	8	0	8
				SD Plan 0688	5	0	5
				SD Plan 0690	10	0	10
				SD Plan 0691	1	0	1
				SD Plan 0694	1	0	1
				SD Plan 0696	8	0	8
				SD Plan 0697	7	0	7
				SD Plan 0698	31	0	31
				SD Plan 0699	5	0	5
				SD Plan 0701	1	0	1
				SD Plan 0704	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0705	6	0	6
				SD Plan 0706	7	0	7
				SD Plan 0707	2	0	2
				SD Plan 0710	1	0	1
				SD Plan 0712	5	0	5
				SD Plan 0713	1	0	1
				SD Plan 0714	8	0	8
				SD Plan 0715	2	0	2
				SD Plan 0722	1	0	1
				SD Plan 0724	3	0	3
				SD Plan 0726	3	0	3
				SD Plan 0727	1	0	1
				SD Plan 0728	3	0	3
				SD Plan 0729	2	0	2
				SD Plan 0730	16	0	16
				SD Plan 0731	2	0	2
	SECRETARIES	No	**Yes**	SD Plan 0670	2	0	2
				SD Plan 0672	3	0	3
				SD Plan 0673	3	0	3
				SD Plan 0674	14	0	14
				SD Plan 0675	4	0	4
				SD Plan 0682	19	0	19
				SD Plan 0683	3	0	3
				SD Plan 0690	5	0	5
				SD Plan 0696	5	0	5
				SD Plan 0697	1	0	1
				SD Plan 0698	11	0	11
				SD Plan 0699	1	0	1
				SD Plan 0703	1	0	1
				SD Plan 0704	1	0	1
				SD Plan 0705	1	0	1
				SD Plan 0706	5	0	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0707	1	0	1
				SD Plan 0712	4	0	4
				SD Plan 0713	1	0	1
				SD Plan 0714	2	0	2
				SD Plan 0721	1	0	1
				SD Plan 0728	2	0	2
				SD Plan 0730	1	0	1
				SD Plan 0731	1	0	1
	TEACHERS	Yes	**No**	SD Plan 0668	2	0	2
				SD Plan 0670	7	0	7
				SD Plan 0672	78	0	78
				SD Plan 0673	38	0	38
				SD Plan 0674	150	0	150
				SD Plan 0675	33	0	33
				SD Plan 0676	1	0	1
				SD Plan 0678	2	0	2
				SD Plan 0680	47	0	47
				SD Plan 0681	30	0	30
				SD Plan 0682	125	0	125
				SD Plan 0683	18	0	18
				SD Plan 0684	1	0	1
				SD Plan 0686	1	0	1
				SD Plan 0688	7	0	7
				SD Plan 0689	4	0	4
				SD Plan 0690	17	0	17
				SD Plan 0691	3	0	3
				SD Plan 0692	1	0	1
				SD Plan 0696	46	0	46
				SD Plan 0697	29	0	29
				SD Plan 0698	44	0	44
				SD Plan 0699	10	0	10
				SD Plan 0704	24	0	24

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0705	13	0	13
				SD Plan 0706	17	0	17
				SD Plan 0707	8	0	8
				SD Plan 0712	14	0	14
				SD Plan 0713	10	0	10
				SD Plan 0714	7	0	7
				SD Plan 0715	1	0	1
				SD Plan 0721	6	0	6
				SD Plan 0722	3	0	3
				SD Plan 0723	3	0	3
				SD Plan 0726	1	0	1
				SD Plan 0728	21	0	21
				SD Plan 0729	7	0	7
				SD Plan 0730	24	0	24
				SD Plan 0731	6	0	6
	TRANSPORTATION	No	**Yes**	SD Plan 0670	1	0	1
				SD Plan 0672	2	0	2
				SD Plan 0673	1	0	1
				SD Plan 0674	17	0	17
				SD Plan 0675	3	0	3
				SD Plan 0680	2	0	2
				SD Plan 0682	4	0	4
				SD Plan 0683	3	0	3
				SD Plan 0690	6	0	6
				SD Plan 0691	1	0	1
				SD Plan 0696	5	0	5
				SD Plan 0697	1	0	1
				SD Plan 0698	12	0	12
				SD Plan 0699	2	0	2
				SD Plan 0703	1	0	1
				SD Plan 0706	5	0	5
				SD Plan 0707	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0710	1	0	1
				SD Plan 0712	1	0	1
				SD Plan 0714	2	0	2
				SD Plan 0715	1	0	1
				SD Plan 0720	1	0	1
				SD Plan 0722	1	0	1
				SD Plan 0730	6	0	6
Kennewick School District Total					**1,584**	**0**	**1,584**
Kent School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 3194	1	0	1
				SD Plan 3198	26	0	26
				SD Plan 3200	16	0	16
				SD Plan 3203	33	0	33
				SD Plan 3204	23	0	23
				SD Plan 3205	5	0	5
		Yes	**No**	SD Plan 3198	5	0	5
				SD Plan 3200	1	0	1
				SD Plan 3203	5	0	5
				SD Plan 3204	6	0	6
				SD Plan 3205	1	0	1
	BUS DRIVER	No	**Yes**	SD Plan 3198	29	0	29
				SD Plan 3200	9	0	9
				SD Plan 3201	1	0	1
				SD Plan 3203	12	0	12
				SD Plan 3204	7	0	7
				SD Plan 3205	5	0	5
	FOOD SERVICE	No	**Yes**	SD Plan 3192	3	0	3
				SD Plan 3198	17	0	17
				SD Plan 3200	11	0	11
				SD Plan 3201	1	0	1
				SD Plan 3203	12	0	12
				SD Plan 3204	8	0	8
				SD Plan 3205	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	Maintenace	No	**Yes**	SD Plan 3198	55	0	55
				SD Plan 3200	26	0	26
				SD Plan 3203	33	0	33
				SD Plan 3204	13	0	13
				SD Plan 3205	5	0	5
	Office Professional	No	**Yes**	SD Plan 3193	1	0	1
				SD Plan 3198	23	0	23
				SD Plan 3200	21	0	21
				SD Plan 3201	2	0	2
				SD Plan 3202	2	0	2
				SD Plan 3203	56	0	56
				SD Plan 3204	37	0	37
				SD Plan 3205	12	0	12
	Paraeducator	No	**Yes**	SD Plan 3194	1	0	1
				SD Plan 3196	1	0	1
				SD Plan 3198	52	0	52
				SD Plan 3200	43	0	43
				SD Plan 3201	3	0	3
				SD Plan 3202	2	0	2
				SD Plan 3203	90	0	90
				SD Plan 3204	70	0	70
				SD Plan 3205	21	0	21
	PRINCIPAL	Yes	**No**	SD Plan 3198	14	0	14
				SD Plan 3200	7	0	7
				SD Plan 3203	10	0	10
				SD Plan 3204	8	0	8
				SD Plan 3205	2	0	2
	SUPERINTENDENT	Yes	**No**	SD Plan 3202	1	0	1
	TEACHER	No	**Yes**	SD Plan 0250	1	0	1
				SD Plan 3192	73	0	73
				SD Plan 3193	14	0	14
				SD Plan 3194	20	0	20

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				SD Plan 3196	8	0	8
				SD Plan 3197	9	0	9
				SD Plan 3198	14	0	14
		Yes	**No**	SD Plan 0250	8	0	8
				SD Plan 3192	597	0	597
				SD Plan 3193	147	0	147
				SD Plan 3194	174	0	174
				SD Plan 3196	83	0	83
				SD Plan 3197	43	0	43
				SD Plan 3198	232	0	232
				SD Plan 3199	9	0	9
				SD Plan 3200	2	0	2
				SD Plan 3203	3	0	3
				SD Plan 3204	1	0	1
				SD Plan 3205	2	0	2
Kent School District Total					**2,292**	**0**	**2,292**
Kettle Falls School District	**Cert Admin**	No	**Yes**	SD Plan 0029	1	1	2
		Yes	**No**	SD Plan 0029	2	4	6
				SD Plan 0537	1	4	5
	CERT MONTHLY	No	**Yes**	SD Plan 0029	6	9	15
				SD Plan 0537	4	4	8
		Yes	**No**	SD Plan 0029	22	35	57
				SD Plan 0537	3	3	6
	CERT/10 DAY EXT	Yes	**No**	SD Plan 0029	2	6	8
	CERT/7 DAY EXT	No	**Yes**	SD Plan 0029	1	3	4
	CLASS NON-U AVG	No	**Yes**	SD Plan 0537	1	3	4
	CLASS NON-UNION	No	**Yes**	SD Plan 0029	3	0	3
				SD Plan 0537	1	1	2
	CLASS UNION	No	**Yes**	SD Plan 0029	29	8	37
				SD Plan 0537	6	2	8
Kettle Falls School District Total					**82**	**83**	**165**
Kiona-Benton City School District	**ADMIN**	Yes	**No**	SD Plan 1541	3	3	6

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				SD Plan 1543	6	6	12
	CERTIFIED	Yes	**No**	SD Plan 1541	7	8	15
				SD Plan 1543	52	67	119
				SD Plan 3521	9	12	21
				SD Plan 3522	4	0	4
				SD Plan 3523	3	2	5
				SD Plan 3525	1	1	2
				SD Plan 3530	7	13	20
	CLASSIFIED-NON REP	No	**Yes**	SD Plan 1541	1	4	5
				SD Plan 3523	1	0	1
				SD Plan 3525	1	2	3
	CLASSIFIED-PSE	No	**Yes**	SD Plan 1541	12	9	21
				SD Plan 1542	1	0	1
				SD Plan 1543	13	9	22
				SD Plan 3521	4	5	9
				SD Plan 3522	6	5	11
				SD Plan 3523	1	0	1
				SD Plan 3525	3	2	5
	SECRETARY/OFFICE MANAC	No	**Yes**	SD Plan 1541	1	0	1
				SD Plan 1543	3	3	6
				SD Plan 3521	1	1	2
				SD Plan 3522	1	2	3
				SD Plan 3523	1	0	1
				SD Plan 3525	2	1	3
	SUPERVISOR	No	**Yes**	SD Plan 1543	3	0	3
				SD Plan 3521	1	0	1
				SD Plan 3525	1	2	3
Kiona-Benton City School District Total					**149**	**157**	**306**
Kittitas School District	**.8 SPED DIR**	Yes	**No**	SD Plan 4286	1	0	1
	260 NON-EXEMPT	No	**Yes**	SD Plan 1275	3	0	3
				SD Plan 3318	1	0	1
				SD Plan 4285	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	3.25 CLASSIFIED	No	**Yes**	SD Plan 3318	1	0	1
	4.25 CLASSIFIED	No	**Yes**	SD Plan 4283	1	0	1
	4.75 CLASSIFIED	No	**Yes**	SD Plan 1275	1	0	1
	4HR ADMIN EXEMP	No	**Yes**	SD Plan 3145	1	0	1
	5.5 CLASSIFIED	No	**Yes**	SD Plan 3145	1	0	1
	6.0 CLASSIFIED	No	**Yes**	SD Plan 3297	1	0	1
	6.25 CLASSIFIED	No	**Yes**	SD Plan 4286	2	0	2
	6.5 CLASSIFIED	No	**Yes**	SD Plan 1273	1	0	1
				SD Plan 1274	1	0	1
				SD Plan 4285	1	0	1
				SD Plan 4286	1	0	1
				SD Plan 4289	1	0	1
	6.75 CLASSIFIED	No	**Yes**	SD Plan 1273	1	0	1
				SD Plan 3145	1	0	1
				SD Plan 3297	1	0	1
	7.0 CLASSIFIED	No	**Yes**	SD Plan 4283	1	0	1
				SD Plan 4286	1	0	1
	7.5HR SECRETARY	No	**Yes**	SD Plan 1274	1	0	1
	8HR/260 DAYS	No	**Yes**	SD Plan 3318	2	0	2
				SD Plan 4283	1	0	1
	8HR-189/DAY	No	**Yes**	SD Plan 1273	1	0	1
				SD Plan 3151	1	0	1
				SD Plan 4286	1	0	1
	BLDG SECRETARY	No	**Yes**	SD Plan 1273	1	0	1
				SD Plan 3318	1	0	1
	CLASS. SUBS.	No	**Yes**	SD Plan 1275	1	0	1
	ELEM PRINCIPAL	Yes	**No**	SD Plan 3318	1	0	1
	FULLTIME CERT	Yes	**No**	SD Plan 1273	1	0	1
				SD Plan 1274	1	0	1
				SD Plan 3145	3	0	3
				SD Plan 3150	1	0	1
				SD Plan 3297	2	0	2

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				SD Plan 3318	6	0	6
				SD Plan 4283	4	0	4
				SD Plan 4284	8	0	8
				SD Plan 4285	4	0	4
				SD Plan 4286	6	0	6
				SD Plan 4290	1	0	1
	MS/HS PRINCIPAL	Yes	**No**	SD Plan 3318	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 3318	1	0	1
Kittitas School District Total					**74**	**0**	**74**
Klickitat School District	**CERTIFICATED**	Yes	**No**	SD Plan 1537	6	1	7
				SD Plan 1538	3	3	6
				SD Plan 1539	1	2	3
	CLASSIFIED	No	**Yes**	SD Plan 1537	8	0	8
				SD Plan 1538	1	0	1
				SD Plan 1539	1	2	3
Klickitat School District Total					**20**	**8**	**28**
La Center School District	**AIDE**	No	**Yes**	SD Plan 1982	1	2	3
				SD Plan 1988	1	3	4
	ATHLETIC DIR	Yes	**No**	SD Plan 1988	1	2	3
	CAFETERIA	No	**Yes**	SD Plan 1981	1	1	2
	CLASSIFIED INST	No	**Yes**	SD Plan 1982	1	1	2
	DISTRICT/SALAR	No	**Yes**	SD Plan 1985	1	1	2
				SD Plan 1986	1	1	2
	PRINCIPAL	No	**Yes**	SD Plan 1981	1	1	2
		Yes	**No**	SD Plan 1982	1	4	5
				SD Plan 1985	1	0	1
				SD Plan 1986	1	4	5
				SD Plan 1988	2	3	5
	SECRETARY	No	**Yes**	SD Plan 1982	2	1	3
				SD Plan 1986	1	0	1
	TEACHER	No	**Yes**	SD Plan 1985	3	5	8
				SD Plan 1986	2	8	10

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				SD Plan 1988	3	2	5
		Yes	**No**	SD Plan 1981	5	7	12
				SD Plan 1982	1	5	6
				SD Plan 1983	1	1	2
				SD Plan 1985	14	17	31
				SD Plan 1986	5	3	8
				SD Plan 1987	4	1	5
				SD Plan 1988	29	24	53
La Center School District Total					**83**	**97**	**180**
La Conner School District	**AIDES**	No	**Yes**	SD Plan 2317	14	0	14
	BUS DRIVERS	No	**Yes**	SD Plan 2317	6	0	6
	BUSINESS OFF	No	**Yes**	SD Plan 2317	1	0	1
	COOKS	No	**Yes**	SD Plan 2317	4	0	4
	CUSTODIANS	No	**Yes**	SD Plan 2317	6	0	6
	DIRECTOR	Yes	**No**	SD Plan 2317	2	0	2
	PRINCIPALS	Yes	**No**	SD Plan 2317	2	0	2
	SECRETARY	No	**Yes**	SD Plan 2317	5	0	5
	SUPERINTENDENT	Yes	**No**	SD Plan 2317	1	0	1
	TEACHERS	Yes	**No**	SD Plan 2317	46	0	46
La Conner School District Total					**87**	**0**	**87**
LaCrosse School District	**ADMIN**	Yes	**No**	SD Plan 2490	2	0	2
	CERT FULL TIME	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 2489	1	0	1
		Yes	**No**	SD Plan 0537	1	0	1
				SD Plan 2489	4	0	4
				SD Plan 2491	5	0	5
	CERT PART TIME	Yes	**No**	SD Plan 2491	1	0	1
	CLASS FULL TIME	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 2491	2	0	2
	CLASS PART TIME	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 2489	3	0	3
LaCrosse School District Total					**22**	**0**	**22**

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Lake Chelan School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 3703	2	0	2
				SD Plan 3709	1	0	1
				SD Plan 3715	3	0	3
	CERTIFICATED	Yes	**No**	SD Plan 0020	9	0	9
				SD Plan 0021	1	0	1
				SD Plan 3703	26	0	26
				SD Plan 3709	12	0	12
				SD Plan 3715	8	0	8
				SD Plan 3721	26	0	26
				SD Plan 3722	2	0	2
				SD Plan 3729	1	0	1
	CLASS	No	**Yes**	SD Plan 0020	4	0	4
				SD Plan 0563	1	0	1
				SD Plan 0564	1	0	1
				SD Plan 3703	20	0	20
				SD Plan 3709	4	0	4
				SD Plan 3715	4	0	4
				SD Plan 3721	30	0	30
				SD Plan 3722	5	0	5
				SD Plan 3725	2	0	2
				SD Plan 3729	1	0	1
	CLASS. ADM	No	**Yes**	SD Plan 3715	1	0	1
				SD Plan 3721	2	0	2
Lake Chelan School District Total					**166**	**0**	**166**
Lake Quinault School District	**CERT- REGULAR**	Yes	**No**	SD Plan 0746	1	0	1
	CLASS - REGULAR	No	**Yes**	SD Plan 0746	8	0	8
				SD Plan 0749	1	0	1
	CLASS HOURLY	No	**Yes**	SD Plan 0746	1	0	1
	CLASS MAINT CUS	No	**Yes**	SD Plan 0746	2	0	2
				SD Plan 0749	1	0	1
	PRIN/SUP MED	No	**Yes**	SD Plan 0746	1	0	1
		Yes	**No**	SD Plan 0746	1	0	1

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Lake Quinault School District Total					**16**	**0**	**16**
Lake Stevens School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 3338	3	0	3
				SD Plan 3975	8	0	8
				SD Plan 3978	7	0	7
				SD Plan 3980	2	0	2
				SD Plan 3982	3	0	3
	LSEA Union	Yes	**No**	SD Plan 0623	43	0	43
				SD Plan 1141	9	0	9
				SD Plan 1145	19	0	19
				SD Plan 1155	4	0	4
				SD Plan 2031	34	0	34
				SD Plan 2193	10	0	10
				SD Plan 2751	44	0	44
				SD Plan 2817	78	0	78
				SD Plan 2819	30	0	30
				SD Plan 2820	1	0	1
				SD Plan 3338	57	0	57
				SD Plan 3911	4	0	4
	PSE of Lake Stevens	Yes	**No**	SD Plan 2751	1	0	1
Lake Stevens School District Total					**357**	**0**	**357**
Lake Washington School District	**ADMIN**	No	**Yes**	SD Plan 0251	3	0	3
				SD Plan 0500	1	0	1
				SD Plan 0501	2	0	2
				SD Plan 0579	10	0	10
				SD Plan 0580	2	0	2
		Yes	**No**	SD Plan 0251	13	0	13
				SD Plan 0500	2	0	2
				SD Plan 0501	10	0	10
				SD Plan 0579	41	0	41
				SD Plan 0580	9	0	9
				SD Plan 0581	2	0	2
	PROF TECH	No	**Yes**	SD Plan 0251	6	0	6

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				SD Plan 0500	5	0	5
				SD Plan 0501	6	0	6
				SD Plan 0579	48	0	48
				SD Plan 0580	10	0	10
	PROF TECH PART TIME	No	**Yes**	SD Plan 0251	2	0	2
				SD Plan 0500	5	0	5
				SD Plan 0501	1	0	1
				SD Plan 0579	3	0	3
	SCHOOL AIDES	No	**Yes**	SD Plan 0251	29	0	29
				SD Plan 0500	22	0	22
				SD Plan 0501	28	0	28
				SD Plan 0579	88	0	88
				SD Plan 0580	19	0	19
				SD Plan 0581	2	0	2
	SEC ASSOC	No	**Yes**	SD Plan 0251	22	0	22
				SD Plan 0500	17	0	17
				SD Plan 0501	21	0	21
				SD Plan 0579	59	0	59
				SD Plan 0580	24	0	24
	SECRETARY PART TIME	No	**Yes**	SD Plan 0251	3	0	3
				SD Plan 0500	5	0	5
				SD Plan 0501	4	0	4
				SD Plan 0579	3	0	3
	SUPERINTENDENT	Yes	**No**	SD Plan 0580	1	0	1
	TEACHER	Yes	**No**	SD Plan 0251	256	0	256
				SD Plan 0500	104	0	104
				SD Plan 0501	190	0	190
				SD Plan 0579	588	0	588
				SD Plan 0580	125	0	125
				SD Plan 0581	10	0	10
	TEACHER PART TIME	Yes	**No**	SD Plan 0251	15	0	15
				SD Plan 0500	25	0	25

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				SD Plan 0501	21	0	21
				SD Plan 0579	22	0	22
				SD Plan 0580	2	0	2
				SD Plan 0581	5	0	5
	TRADES BARG	No	**Yes**	SD Plan 0251	47	0	47
				SD Plan 0500	41	0	41
				SD Plan 0501	50	0	50
				SD Plan 0579	67	0	67
				SD Plan 0580	37	0	37
				SD Plan 0581	1	0	1
		Yes	**No**	SD Plan 0501	1	0	1
	TRADES FULL TIME	No	**Yes**	SD Plan 0251	47	0	47
				SD Plan 0500	18	0	18
				SD Plan 0501	22	0	22
				SD Plan 0579	33	0	33
				SD Plan 0580	16	0	16
				SD Plan 0581	1	0	1
Lake Washington School District Total					**2,272**	**0**	**2,272**
Lakewood School District	**ADMIN/NON-REP**	No	**Yes**	SD Plan 0494	3	0	3
				SD Plan 0523	1	0	1
				SD Plan 0527	1	0	1
				SD Plan 0531	2	0	2
				SD Plan 0532	2	0	2
		Yes	**No**	SD Plan 0523	3	0	3
				SD Plan 0524	1	0	1
				SD Plan 0529	2	0	2
				SD Plan 0531	2	0	2
				SD Plan 0532	2	0	2
	EMPLOYEES NOT INCLUDED	No	**Yes**	SD Plan 2008	1	0	1
	LEA	Yes	**No**	SD Plan 0494	24	0	24
				SD Plan 0523	44	0	44
				SD Plan 0524	24	0	24

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0525	24	0	24
				SD Plan 0526	3	0	3
				SD Plan 0529	1	0	1
	PSE	No	**Yes**	SD Plan 0494	18	0	18
				SD Plan 0523	14	0	14
				SD Plan 0529	8	0	8
				SD Plan 0531	9	0	9
				SD Plan 0532	13	0	13
				SD Plan 2069	1	0	1
	PSE-OP	No	**Yes**	SD Plan 0494	1	0	1
				SD Plan 0523	2	0	2
				SD Plan 0531	9	0	9
				SD Plan 0532	4	0	4
Lakewood School District Total					**219**	**0**	**219**
Lamont School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 0029	1	0	1
	CERT TEACHER	Yes	**No**	SD Plan 0029	3	0	3
	FULL TIME CLASS	No	**Yes**	SD Plan 0029	1	0	1
	PART TIME CLASS	No	**Yes**	SD Plan 0029	3	0	3
Lamont School District Total					**8**	**0**	**8**
Liberty School District	**Certificated Administrators**	Yes	**No**	SD Plan 3277	2	6	8
	CERTIFICATED STAFF W/O A	No	**Yes**	SD Plan 0734	2	1	3
				SD Plan 0735	1	0	1
				SD Plan 2510	2	9	11
				SD Plan 3273	1	0	1
				SD Plan 3277	4	5	9
		Yes	**No**	SD Plan 0734	5	1	6
				SD Plan 0735	2	2	4
				SD Plan 0738	1	0	1
				SD Plan 3272	1	2	3
				SD Plan 3273	4	5	9
				SD Plan 3277	8	17	25
	Classified Administrators	No	**Yes**	SD Plan 0735	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3272	1	1	2
				SD Plan 3273	1	2	3
				SD Plan 3277	2	1	3
	CLASSIFIED STAFF W/O ADI	No	**Yes**	SD Plan 0734	2	0	2
				SD Plan 0735	5	3	8
				SD Plan 0738	1	0	1
				SD Plan 3272	3	5	8
				SD Plan 3273	7	8	15
				SD Plan 3277	6	1	7
Liberty School District Total					**62**	**69**	**131**
Lind School District	**Cert/Monthly**	Yes	**No**	SD Plan 3827	14	15	29
	Class/Monthly	No	**Yes**	SD Plan 3827	6	7	13
	Class/Parttime	No	**Yes**	SD Plan 3827	12	9	21
Lind School District Total					**32**	**31**	**63**
Longview School District	**ADMIN & EXEMPT**	No	**Yes**	SD Plan 0182	1	2	3
				SD Plan 0542	3	2	5
				SD Plan 0743	3	0	3
				SD Plan 2531	1	0	1
				SD Plan 2532	2	6	8
				SD Plan 2543	1	1	2
		Yes	**No**	SD Plan 0182	3	2	5
				SD Plan 0542	5	6	11
				SD Plan 0743	14	17	31
				SD Plan 2531	2	1	3
				SD Plan 2532	2	3	5
				SD Plan 2533	1	1	2
				SD Plan 2543	1	0	1
	LCPEA	No	**Yes**	SD Plan 0182	5	3	8
				SD Plan 0542	23	18	41
				SD Plan 0743	10	6	16
				SD Plan 2531	6	7	13
				SD Plan 2532	7	13	20

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				SD Plan 2534	1	0	1
	LONGVIEW EA	Yes	**No**	SD Plan 0182	35	42	77
				SD Plan 0542	89	80	169
				SD Plan 0743	108	94	202
				SD Plan 2531	36	31	67
				SD Plan 2532	24	57	81
				SD Plan 2533	11	20	31
				SD Plan 2534	5	14	19
				SD Plan 2537	1	1	2
				SD Plan 2543	3	10	13
	SEIU	No	**Yes**	SD Plan 0182	16	16	32
				SD Plan 0542	113	55	168
				SD Plan 0743	37	14	51
				SD Plan 2531	43	5	48
				SD Plan 2532	19	26	45
				SD Plan 2533	6	12	18
				SD Plan 2534	7	6	13
				SD Plan 2543	2	1	3
	TEACHERS NO BENEFITS	Yes	**No**	SD Plan 0182	8	3	11
				SD Plan 0542	14	0	14
				SD Plan 0743	2	0	2
				SD Plan 2531	1	0	1
				SD Plan 2532	6	2	8
				SD Plan 2533	3	3	6
				SD Plan 2534	2	0	2
				SD Plan 2543	4	9	13
Longview School District Total					**686**	**589**	**1,275**
Loon Lake School District	**CERTIFIED**	Yes	**No**	SD Plan 0539	8	0	8
	Class Admin	No	**Yes**	SD Plan 0539	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0539	6	0	6
Loon Lake School District Total					**15**	**0**	**15**
Lopez School District	**CENT OFFICE**	No	**Yes**	SD Plan 2547	3	0	3

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	CLASSIFIED	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 2547	19	0	19
	CT TEACHER	No	**Yes**	SD Plan 2547	1	0	1
		Yes	**No**	SD Plan 0537	9	0	9
				SD Plan 2547	12	0	12
	PRINCIPAL	Yes	**No**	SD Plan 0537	2	0	2
	SUPERINTENDENT	Yes	**No**	SD Plan 0537	1	0	1
Lopez School District Total					**48**	**0**	**48**
Lyle School District	**1-CERTIFICATED**	No	**Yes**	SD Plan 0473	1	0	1
		Yes	**No**	SD Plan 0014	1	0	1
				SD Plan 0473	1	0	1
				SD Plan 4194	10	0	10
	2-CLASSIFIED	No	**Yes**	SD Plan 0473	1	0	1
				SD Plan 4191	1	0	1
				SD Plan 4194	5	0	5
				SD Plan 4195	7	0	7
				SD Plan 4198	1	0	1
	3-ADMIN	Yes	**No**	SD Plan 4194	1	0	1
Lyle School District Total					**29**	**0**	**29**
Lynden School District	**DISTRICT OFFICE**	No	**Yes**	SD Plan 0387	9	0	9
				SD Plan 2746	2	0	2
	LCEA Para/Noon	No	**Yes**	SD Plan 0387	33	0	33
				SD Plan 2746	22	0	22
	LEA Certificated	No	**Yes**	SD Plan 0385	3	0	3
				SD Plan 0387	23	0	23
				SD Plan 2746	5	0	5
		Yes	**No**	SD Plan 0385	15	0	15
				SD Plan 0386	3	0	3
				SD Plan 0387	79	0	79
				SD Plan 0388	5	0	5
				SD Plan 2746	20	0	20
	No Benefits Offered - Classi	No	**Yes**	SD Plan 0387	2	0	2

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				SD Plan 2746	1	0	1
	PRINCIPALS	No	**Yes**	SD Plan 0385	1	0	1
				SD Plan 0387	1	0	1
		Yes	**No**	SD Plan 0387	8	0	8
				SD Plan 2746	3	0	3
	PSE Transportaton	No	**Yes**	SD Plan 0385	2	0	2
				SD Plan 0387	11	0	11
				SD Plan 0388	1	0	1
				SD Plan 2746	2	0	2
	SEIU Cust/Grounds	No	**Yes**	SD Plan 0385	1	0	1
				SD Plan 0387	13	0	13
				SD Plan 2746	2	0	2
	SEIU Food Service	No	**Yes**	SD Plan 0387	2	0	2
				SD Plan 0389	2	0	2
				SD Plan 2746	6	0	6
	SEIU Sec/Library	No	**Yes**	SD Plan 0385	3	0	3
				SD Plan 0387	10	0	10
				SD Plan 0388	2	0	2
				SD Plan 2746	9	0	9
Lynden School District Total					**301**	**0**	**301**
Mabton School District	**Administration Certificated**	Yes	**No**	SD Plan 2121	3	1	4
	ADMINISTRATION CLASSIFI	No	**Yes**	SD Plan 2121	5	3	8
	CERTIFICATED	No	**Yes**	SD Plan 2121	1	0	1
		Yes	**No**	SD Plan 2121	52	67	119
	CLASSIFIED	No	**Yes**	SD Plan 2121	33	11	44
				SD Plan 2122	1	0	1
		Yes	**No**	SD Plan 2121	2	0	2
Mabton School District Total					**97**	**82**	**179**
Mansfield School District	**CERT ADMIN FULL**	Yes	**No**	SD Plan 3484	1	3	4
	CERT TEACHER	No	**Yes**	SD Plan 3484	1	3	4
		Yes	**No**	SD Plan 3484	12	25	37
	CLASSIFIED	No	**Yes**	SD Plan 3484	8	13	21

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Mansfield School District Total					**22**	**44**	**66**
Manson School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 3678	1	3	4
				SD Plan 3684	1	2	3
		Yes	**No**	SD Plan 3676	2	11	13
				SD Plan 3684	1	4	5
	CLASSIFIED	No	**Yes**	SD Plan 3676	18	6	24
				SD Plan 3678	9	9	18
				SD Plan 3680	1	0	1
				SD Plan 3682	6	5	11
				SD Plan 3684	10	9	19
				SD Plan 3686	1	1	2
				SD Plan 3729	2	1	3
	SUPERINTENDENT	Yes	**No**	SD Plan 3676	1	3	4
	TEACHERS	Yes	**No**	SD Plan 3676	18	13	31
				SD Plan 3678	12	21	33
				SD Plan 3680	2	5	7
				SD Plan 3682	2	0	2
				SD Plan 3684	2	1	3
				SD Plan 3686	1	3	4
				SD Plan 3729	2	2	4
Manson School District Total					**92**	**99**	**191**
Mary M Knight School District	**ADMINISTRATION**	Yes	**No**	SD Plan 2942	1	0	1
				SD Plan 2944	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 2014	4	0	4
				SD Plan 2942	1	0	1
				SD Plan 2944	3	0	3
	NON-UNION	No	**Yes**	SD Plan 2942	1	0	1
				SD Plan 2944	1	0	1
	TEACHER	No	**Yes**	SD Plan 2014	1	0	1
				SD Plan 2942	1	0	1
				SD Plan 2943	1	0	1
		Yes	**No**	SD Plan 2014	1	0	1

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				SD Plan 2942	5	0	5
				SD Plan 2943	2	0	2
				SD Plan 2944	2	0	2
Mary M Knight School District Total					**25**	**0**	**25**
Mary Walker School District	**CERTIFICATED STAFF**	No	**Yes**	SD Plan 2947	9	22	31
		Yes	**No**	SD Plan 2947	25	50	75
	Classified Pool	No	**Yes**	SD Plan 0746	8	3	11
				SD Plan 0747	17	9	26
				SD Plan 0748	12	6	18
Mary Walker School District Total					**71**	**90**	**161**
Marysville School District	**EXMPT/NON-REPRESENTED**	No	**Yes**	SD Plan 0319	19	0	19
				SD Plan 0320	7	0	7
				SD Plan 2147	7	0	7
				SD Plan 2150	13	0	13
				SD Plan 2152	7	0	7
	MSVL EDUCATION ASSOC	No	**Yes**	SD Plan 0319	8	0	8
				SD Plan 0320	3	0	3
				SD Plan 2147	5	0	5
				SD Plan 2150	8	0	8
				SD Plan 2152	4	0	4
		Yes	**No**	SD Plan 0319	207	0	207
				SD Plan 0320	54	0	54
				SD Plan 2147	76	0	76
				SD Plan 2150	164	0	164
				SD Plan 2152	64	0	64
	PRINCIPALS/VP/COORD	Yes	**No**	SD Plan 0319	10	0	10
				SD Plan 0320	4	0	4
				SD Plan 2147	3	0	3
				SD Plan 2150	6	0	6
				SD Plan 2152	2	0	2
	PUBLIC SCHOOL EMPLOYE	No	**Yes**	SD Plan 0319	31	0	31
				SD Plan 0320	10	0	10

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				SD Plan 2147	8	0	8
				SD Plan 2150	27	0	27
				SD Plan 2152	3	0	3
	SEIU 10 MONTH EMPLOYE	No	**Yes**	SD Plan 0319	41	0	41
				SD Plan 0320	17	0	17
				SD Plan 2147	46	0	46
				SD Plan 2150	58	0	58
				SD Plan 2152	20	0	20
	SEIU 12 MONTH EMPLOYE	No	**Yes**	SD Plan 0319	19	0	19
				SD Plan 0320	9	0	9
				SD Plan 2147	5	0	5
				SD Plan 2150	23	0	23
				SD Plan 2152	9	0	9
	SUPT/ASTSUP/EXDIR/DIR	No	**Yes**	SD Plan 0319	2	0	2
				SD Plan 2152	1	0	1
		Yes	**No**	SD Plan 0319	5	0	5
				SD Plan 0320	2	0	2
				SD Plan 2147	1	0	1
				SD Plan 2150	3	0	3
				SD Plan 2152	2	0	2
Marysville School District Total					**1,013**	**0**	**1,013**
McCleary School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 3603	1	0	1
				SD Plan 3609	1	0	1
	CERT STAFF	Yes	**No**	SD Plan 3603	9	0	9
				SD Plan 3609	1	0	1
				SD Plan 3618	4	0	4
				SD Plan 3626	2	0	2
	CLASS MNTHLY	No	**Yes**	SD Plan 0659	1	0	1
				SD Plan 3603	8	0	8
				SD Plan 3609	2	0	2
				SD Plan 3618	10	0	10
McCleary School District Total					**39**	**0**	**39**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Mead School District	**Administrative Assistants**	No	**Yes**	SD Plan 3275	1	0	1
				SD Plan 3281	13	2	15
				SD Plan 3282	11	4	15
				SD Plan 3283	2	2	4
				SD Plan 3785	9	12	21
				SD Plan 3791	6	15	21
				SD Plan 3796	1	1	2
				SD Plan 4077	7	1	8
				SD Plan 4079	1	0	1
				SD Plan 4080	4	4	8
				SD Plan 4082	1	0	1
				SD Plan 4113	2	1	3
	BUS DRIVERS	No	**Yes**	SD Plan 3275	6	1	7
				SD Plan 3281	5	0	5
				SD Plan 3282	3	0	3
				SD Plan 3283	4	1	5
				SD Plan 3785	10	13	23
				SD Plan 3791	4	1	5
				SD Plan 3796	3	1	4
				SD Plan 4077	8	2	10
				SD Plan 4080	2	1	3
				SD Plan 4082	2	1	3
				SD Plan 4112	1	3	4
	Child Nutrition Services	No	**Yes**	SD Plan 3275	5	0	5
				SD Plan 3782	14	7	21
				SD Plan 3783	1	1	2
				SD Plan 4076	1	0	1
				SD Plan 4079	4	6	10
				SD Plan 4080	2	2	4
				SD Plan 4112	1	0	1
	Classified Trades	No	**Yes**	SD Plan 3275	7	0	7
				SD Plan 3782	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3783	1	0	1
				SD Plan 4076	9	4	13
				SD Plan 4079	5	1	6
				SD Plan 4081	1	1	2
	CUSTODIANS	No	**Yes**	SD Plan 3275	7	0	7
				SD Plan 3782	2	0	2
				SD Plan 3783	3	4	7
				SD Plan 3784	5	5	10
				SD Plan 4076	13	5	18
				SD Plan 4079	10	1	11
				SD Plan 4081	3	1	4
	District Level Administrator	No	**Yes**	SD Plan 3282	1	0	1
				SD Plan 3283	1	3	4
		Yes	**No**	SD Plan 3275	2	0	2
				SD Plan 3281	1	0	1
				SD Plan 3282	3	3	6
				SD Plan 3791	1	6	7
				SD Plan 4077	2	3	5
				SD Plan 4080	1	2	3
	District Office Employees	No	**Yes**	SD Plan 3282	7	1	8
				SD Plan 3785	3	4	7
				SD Plan 3796	1	1	2
	District Office Executive As	No	**Yes**	SD Plan 3281	1	3	4
				SD Plan 3283	1	1	2
	Para Educators	No	**Yes**	SD Plan 3275	14	0	14
				SD Plan 3281	22	2	24
				SD Plan 3282	25	4	29
				SD Plan 3283	7	5	12
				SD Plan 3784	1	0	1
				SD Plan 3785	48	43	91
				SD Plan 3791	17	15	32
				SD Plan 3796	10	12	22

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 4077	14	3	17
				SD Plan 4080	9	0	9
				SD Plan 4082	1	0	1
				SD Plan 4113	5	10	15
	PRINCIPALS	Yes	**No**	SD Plan 3281	3	7	10
				SD Plan 3282	6	8	14
				SD Plan 3283	2	3	5
				SD Plan 3785	4	13	17
				SD Plan 4077	1	0	1
				SD Plan 4080	2	0	2
				SD Plan 4113	1	2	3
	Supervisors and Coordinatc	No	**Yes**	SD Plan 3281	1	0	1
				SD Plan 3282	8	6	14
				SD Plan 3791	2	0	2
				SD Plan 4077	2	0	2
	TEACHERS	Yes	**No**	SD Plan 3274	1	0	1
				SD Plan 3275	110	4	114
				SD Plan 3782	83	144	227
				SD Plan 3783	40	73	113
				SD Plan 3784	13	28	41
				SD Plan 4076	138	131	269
				SD Plan 4079	76	89	165
				SD Plan 4081	33	37	70
				SD Plan 4112	8	14	22
				SD Plan 4113	1	0	1
Mead School District Total					**935**	**784**	**1,719**
Medical Lake School District	**ADMINISTRATIVE**	No	**Yes**	SD Plan 3217	11	0	11
	ADMINISTRATORS	No	**Yes**	SD Plan 3217	1	0	1
		Yes	**No**	SD Plan 0537	1	0	1
				SD Plan 3217	8	0	8
	CERT-SUPPORT	No	**Yes**	SD Plan 3217	1	0	1
		Yes	**No**	SD Plan 3217	8	0	8

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	CLSFD SUPPORT	No	**Yes**	SD Plan 0537	4	0	4
				SD Plan 3217	22	0	22
	COOKS	No	**Yes**	SD Plan 3217	3	0	3
	CUSTODIANS	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 3217	7	0	7
	SECRTY-CLERICAL	No	**Yes**	SD Plan 0537	2	0	2
				SD Plan 3217	6	0	6
	TEACHERS-BEA	No	**Yes**	SD Plan 3217	1	0	1
		Yes	**No**	SD Plan 0537	27	0	27
				SD Plan 3217	67	0	67
	TRANSPORTATION	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 3217	13	0	13
Medical Lake School District Total					**184**	**0**	**184**
Mercer Island School District	**ADMIN - Certs**	No	**Yes**	SD Plan 0500	1	0	1
		Yes	**No**	SD Plan 0415	1	0	1
				SD Plan 0500	2	0	2
				SD Plan 0580	9	0	9
	ADMIN - Class	No	**Yes**	SD Plan 0415	1	0	1
				SD Plan 0578	2	0	2
				SD Plan 0580	10	0	10
	CERT	No	**Yes**	SD Plan 0105	1	0	1
				SD Plan 0251	12	0	12
				SD Plan 0414	13	0	13
				SD Plan 0415	11	0	11
				SD Plan 0416	1	0	1
				SD Plan 0500	19	0	19
				SD Plan 0578	10	0	10
				SD Plan 0580	21	0	21
				SD Plan 0581	4	0	4
				SD Plan 0582	5	0	5
				SD Plan 0583	1	0	1
				SD Plan 0584	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
		Yes	**No**	SD Plan 0251	12	0	12
				SD Plan 0414	9	0	9
				SD Plan 0415	3	0	3
				SD Plan 0416	1	0	1
				SD Plan 0500	7	0	7
				SD Plan 0578	9	0	9
				SD Plan 0580	32	0	32
				SD Plan 0581	4	0	4
				SD Plan 0582	11	0	11
				SD Plan 0583	1	0	1
				SD Plan 0584	2	0	2
	CLASS	No	**Yes**	SD Plan 0251	5	0	5
				SD Plan 0414	9	0	9
				SD Plan 0415	11	0	11
				SD Plan 0416	1	0	1
				SD Plan 0500	4	0	4
				SD Plan 0578	15	0	15
				SD Plan 0580	24	0	24
				SD Plan 0581	4	0	4
				SD Plan 0582	1	0	1
				SD Plan 0583	1	0	1
				SD Plan 0584	2	0	2
	MT/CUST	No	**Yes**	SD Plan 0251	1	0	1
				SD Plan 0414	3	0	3
				SD Plan 0500	11	0	11
				SD Plan 0578	2	0	2
				SD Plan 0580	5	0	5
				SD Plan 0582	1	0	1
Mercer Island School District Total					**316**	**0**	**316**
Meridian School District	**PSE EMPLOYEES**	No	**Yes**	SD Plan 0385	2	2	4
				SD Plan 0386	3	3	6
				SD Plan 0387	1	1	2

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				SD Plan 2580	1	1	2
				SD Plan 2584	3	3	6
				SD Plan 2746	14	14	28
	SEC/AIDES POOL	No	**Yes**	SD Plan 0385	3	3	6
				SD Plan 0386	11	11	22
				SD Plan 0387	1	1	2
				SD Plan 0388	2	2	4
				SD Plan 0389	1	1	2
				SD Plan 2580	1	1	2
				SD Plan 2584	3	3	6
				SD Plan 2746	19	19	38
	TEACHERS	No	**Yes**	SD Plan 0386	1	1	2
				SD Plan 0388	1	1	2
				SD Plan 2580	1	1	2
				SD Plan 2746	7	7	14
		Yes	**No**	SD Plan 0385	6	6	12
				SD Plan 0386	14	14	28
				SD Plan 0388	4	4	8
				SD Plan 0389	2	2	4
				SD Plan 2580	6	6	12
				SD Plan 2584	6	6	12
				SD Plan 2746	36	36	72
	UNREPRESENTED	No	**Yes**	SD Plan 0384	4	4	8
				SD Plan 0547	2	2	4
				SD Plan 0749	1	1	2
		Yes	**No**	SD Plan 0384	3	3	6
				SD Plan 0547	3	3	6
				SD Plan 0749	1	1	2
				SD Plan 2585	1	1	2
Meridian School District Total					**164**	**164**	**328**
Methow Valley School District	**ADMINISTRATION**	Yes	**No**	SD Plan 4096	3	0	3
	CLASS CONTRACT - PSE	No	**Yes**	SD Plan 3803	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3804	3	0	3
				SD Plan 3805	1	0	1
				SD Plan 4094	10	0	10
				SD Plan 4095	7	0	7
				SD Plan 4096	2	0	2
	CLASS EXEMPT	No	**Yes**	SD Plan 3804	1	0	1
				SD Plan 4094	3	0	3
	TEACHERS	Yes	**No**	SD Plan 0659	1	0	1
				SD Plan 3803	9	0	9
				SD Plan 3804	1	0	1
				SD Plan 3805	1	0	1
				SD Plan 4094	10	0	10
				SD Plan 4095	8	0	8
				SD Plan 4096	6	0	6
Methow Valley School District Total					**69**	**0**	**69**
Mill A School District	**No Benefits Offered - Certif**	Yes	**No**	SD Plan 0630	2	0	2
	No Benefits Offered - Classi	No	**Yes**	SD Plan 0630	3	0	3
				SD Plan 3408	2	0	2
Mill A School District Total					**7**	**0**	**7**
Monroe School District	**MEA**	No	**Yes**	SD Plan 0396	19	0	19
				SD Plan 0399	5	0	5
				SD Plan 0401	2	0	2
				SD Plan 0574	4	0	4
				SD Plan 0600	2	0	2
				SD Plan 0613	1	0	1
				SD Plan 0614	3	0	3
		Yes	**No**	SD Plan 0396	95	0	95
				SD Plan 0399	41	0	41
				SD Plan 0401	7	0	7
				SD Plan 0574	57	0	57
				SD Plan 0600	30	0	30
				SD Plan 0613	22	0	22

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0614	10	0	10
				SD Plan 0615	5	0	5
	NREP	No	**Yes**	SD Plan 0396	4	0	4
				SD Plan 0401	1	0	1
				SD Plan 0574	1	0	1
				SD Plan 0600	2	0	2
				SD Plan 0613	2	0	2
		Yes	**No**	SD Plan 0396	6	0	6
				SD Plan 0399	1	0	1
	PRINC	Yes	**No**	SD Plan 0396	6	0	6
				SD Plan 0399	4	0	4
				SD Plan 0401	1	0	1
				SD Plan 0574	2	0	2
				SD Plan 0613	2	0	2
	PSE	No	**Yes**	SD Plan 0396	51	0	51
				SD Plan 0399	13	0	13
				SD Plan 0401	10	0	10
				SD Plan 0574	13	0	13
				SD Plan 0600	36	0	36
				SD Plan 0613	22	0	22
				SD Plan 0614	9	0	9
	PSEOP	No	**Yes**	SD Plan 0396	23	0	23
				SD Plan 0399	2	0	2
				SD Plan 0574	5	0	5
				SD Plan 0600	8	0	8
				SD Plan 0613	4	0	4
				SD Plan 0614	2	0	2
	STD	No	**Yes**	SD Plan 0396	1	0	1
				SD Plan 0600	1	0	1
				SD Plan 0613	1	0	1
				SD Plan 0614	1	0	1
		Yes	**No**	SD Plan 0396	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0600	1	0	1
Monroe School District Total					**539**	**0**	**539**
Montesano School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0746	1	0	1
		Yes	**No**	SD Plan 0746	6	0	6
	CLASSIFIED	No	**Yes**	SD Plan 0659	1	0	1
				SD Plan 0746	20	0	20
				SD Plan 0747	4	0	4
				SD Plan 0748	25	0	25
				SD Plan 0749	1	0	1
	DIST OFFICE	No	**Yes**	SD Plan 0746	2	0	2
				SD Plan 0748	1	0	1
	FULLTIME 8/260	No	**Yes**	SD Plan 0746	5	0	5
	TEACHERS	Yes	**No**	SD Plan 0746	51	0	51
				SD Plan 0747	8	0	8
				SD Plan 0748	8	0	8
				SD Plan 0749	3	0	3
Montesano School District Total					**136**	**0**	**136**
Morton School District	**CERT MONTHLY**	Yes	**No**	SD Plan 3118	1	0	1
				SD Plan 3121	8	0	8
				SD Plan 3123	2	0	2
				SD Plan 3129	1	0	1
				SD Plan 3130	2	0	2
				SD Plan 3131	1	0	1
	Class Admin	No	**Yes**	SD Plan 3122	1	0	1
				SD Plan 3124	1	0	1
				SD Plan 3128	1	0	1
				SD Plan 3130	2	0	2
	Class Term	No	**Yes**	SD Plan 3130	1	0	1
	CLASS-MONTHLY	No	**Yes**	SD Plan 0004	2	0	2
				SD Plan 3121	4	0	4
				SD Plan 3123	1	0	1
				SD Plan 3126	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3127	1	0	1
				SD Plan 3129	2	0	2
	PRINCIPALS	Yes	**No**	SD Plan 3129	1	0	1
				SD Plan 3130	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 3129	1	0	1
Morton School District Total					**37**	**0**	**37**
Moses Lake School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 2850	1	0	1
		Yes	**No**	SD Plan 2850	6	0	6
				SD Plan 2851	1	0	1
				SD Plan 2852	8	0	8
				SD Plan 2854	6	0	6
				SD Plan 2858	2	0	2
				SD Plan 2860	1	0	1
	CLASSIFIED ALL	No	**Yes**	SD Plan 2849	20	0	20
				SD Plan 2850	71	0	71
				SD Plan 2851	5	0	5
				SD Plan 2852	28	0	28
				SD Plan 2853	16	0	16
				SD Plan 2854	113	0	113
				SD Plan 2855	16	0	16
				SD Plan 2856	19	0	19
				SD Plan 2857	4	0	4
				SD Plan 2858	13	0	13
				SD Plan 2859	5	0	5
				SD Plan 2860	14	0	14
	MANAGERS	No	**Yes**	SD Plan 2850	6	0	6
				SD Plan 2854	7	0	7
				SD Plan 2856	1	0	1
	SUPERINTENDENTS	Yes	**No**	SD Plan 2850	1	0	1
				SD Plan 2852	1	0	1
				SD Plan 2858	2	0	2
	TEACHERS ALL TYPES	No	**Yes**	SD Plan 2849	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2850	26	0	26
				SD Plan 2851	1	0	1
				SD Plan 2852	10	0	10
				SD Plan 2853	4	0	4
				SD Plan 2854	22	0	22
				SD Plan 2856	2	0	2
				SD Plan 2857	2	0	2
				SD Plan 2860	1	0	1
		Yes	**No**	SD Plan 2849	20	0	20
				SD Plan 2850	145	0	145
				SD Plan 2851	11	0	11
				SD Plan 2852	39	0	39
				SD Plan 2853	14	0	14
				SD Plan 2854	95	0	95
				SD Plan 2855	8	0	8
				SD Plan 2856	18	0	18
				SD Plan 2857	3	0	3
				SD Plan 2858	10	0	10
				SD Plan 2859	5	0	5
				SD Plan 2860	4	0	4
Moses Lake School District Total					**811**	**0**	**811**
Mossyrock School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 3507	1	0	1
		Yes	**No**	SD Plan 3526	1	0	1
				SD Plan 3536	1	0	1
	MOSSYROCK EDUCATION A	No	**Yes**	SD Plan 3526	2	0	2
				SD Plan 3532	1	0	1
		Yes	**No**	SD Plan 3504	2	0	2
				SD Plan 3507	8	0	8
				SD Plan 3511	1	0	1
				SD Plan 3526	13	0	13
				SD Plan 3532	6	0	6
	NON-REPRESENTED	No	**Yes**	SD Plan 3511	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3526	3	0	3
				SD Plan 3539	1	0	1
	PUBLIC SCHOOL EMPLOYEE	No	**Yes**	SD Plan 3507	6	0	6
				SD Plan 3511	4	0	4
				SD Plan 3526	5	0	5
				SD Plan 3532	8	0	8
Mossyrock School District Total					**64**	**0**	**64**
Mount Adams School District	**CERT.ADMINSTRTR**	Yes	**No**	SD Plan 0537	6	0	6
	CERT.TEACHERS	Yes	**No**	SD Plan 0537	63	0	63
				SD Plan 1171	3	0	3
	CLASS NON UNION	No	**Yes**	SD Plan 0537	8	0	8
	CLASSFD 12 MON	No	**Yes**	SD Plan 1168	6	0	6
				SD Plan 1169	1	0	1
				SD Plan 1170	1	0	1
	CLASSFD HRLY	No	**Yes**	SD Plan 1168	30	0	30
				SD Plan 1169	7	0	7
				SD Plan 1170	7	0	7
		Yes	**No**	SD Plan 1168	1	0	1
Mount Adams School District Total					**133**	**0**	**133**
Mount Baker School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0526	2	0	2
				SD Plan 0533	1	0	1
				SD Plan 0636	4	0	4
	CLASSFD EXEMPT	No	**Yes**	SD Plan 0314	1	0	1
				SD Plan 0526	2	0	2
				SD Plan 0631	1	0	1
				SD Plan 0636	4	0	4
	CLASSFD UNION	No	**Yes**	SD Plan 0287	4	0	4
				SD Plan 0313	5	0	5
				SD Plan 0314	17	0	17
				SD Plan 0526	3	0	3
				SD Plan 0533	5	0	5
				SD Plan 0631	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0636	55	0	55
				SD Plan 3134	1	0	1
				SD Plan 3135	7	0	7
	SUPERINTENDENT	Yes	**No**	SD Plan 3135	1	0	1
	TEACHERS	Yes	**No**	SD Plan 0287	2	0	2
				SD Plan 0313	6	0	6
				SD Plan 0314	17	0	17
				SD Plan 0526	12	0	12
				SD Plan 0533	2	0	2
				SD Plan 0631	5	0	5
				SD Plan 0636	46	0	46
				SD Plan 3134	7	0	7
				SD Plan 3135	13	0	13
Mount Baker School District Total					**225**	**0**	**225**
Mount Pleasant School District	**CLASSIFIED**	No	**Yes**	SD Plan 0627	1	1	2
	TEACHERS	Yes	**No**	SD Plan 0627	3	0	3
Mount Pleasant School District Total					**4**	**1**	**5**
Mount Vernon School District	**ADMN**	Yes	**No**	SD Plan 0621	2	0	2
				SD Plan 2666	4	0	4
				SD Plan 2819	1	0	1
				SD Plan 2878	9	0	9
				SD Plan 2879	4	0	4
	MESA	No	**Yes**	SD Plan 0617	3	0	3
				SD Plan 0621	2	0	2
				SD Plan 0623	6	0	6
				SD Plan 2666	4	0	4
				SD Plan 2668	1	0	1
				SD Plan 2819	2	0	2
				SD Plan 2878	16	0	16
				SD Plan 2879	9	0	9
				SD Plan 3134	4	0	4
	MVEA	Yes	**No**	SD Plan 0313	7	0	7

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0314	166	0	166
				SD Plan 0500	47	0	47
				SD Plan 0501	42	0	42
				SD Plan 0579	82	0	82
				SD Plan 0580	16	0	16
				SD Plan 0581	10	0	10
	PEBB	No	**Yes**	SD Plan 0644	10	0	10
				SD Plan 0648	2	0	2
				SD Plan 0652	10	0	10
		Yes	**No**	SD Plan 0644	1	0	1
				SD Plan 0648	1	0	1
				SD Plan 0652	1	0	1
	PSE1	No	**Yes**	SD Plan 0617	7	0	7
				SD Plan 0621	4	0	4
				SD Plan 0623	23	0	23
				SD Plan 2666	10	0	10
				SD Plan 2668	5	0	5
				SD Plan 2819	10	0	10
				SD Plan 2877	1	0	1
				SD Plan 2878	78	0	78
				SD Plan 2879	25	0	25
				SD Plan 3134	7	0	7
	PSE2	No	**Yes**	SD Plan 0617	3	0	3
				SD Plan 0621	1	0	1
				SD Plan 0623	18	0	18
				SD Plan 2666	2	0	2
				SD Plan 2668	4	0	4
				SD Plan 2819	2	0	2
				SD Plan 2877	1	0	1
				SD Plan 2878	31	0	31
				SD Plan 2879	15	0	15
				SD Plan 3134	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	TEAM	No	**Yes**	SD Plan 0621	1	0	1
				SD Plan 0623	3	0	3
				SD Plan 2666	1	0	1
				SD Plan 2668	1	0	1
				SD Plan 2819	1	0	1
				SD Plan 2878	9	0	9
				SD Plan 2879	4	0	4
				SD Plan 3134	2	0	2
Mount Vernon School District Total					**737**	**0**	**737**
Mukilteo School District	**CERTIFICATED**	Yes	**No**	SD Plan 0227	292	320	612
				SD Plan 0396	93	59	152
				SD Plan 0600	190	126	316
				SD Plan 0613	46	71	117
				SD Plan 0615	73	83	156
				SD Plan 2683	3	0	3
				SD Plan 2688	30	61	91
				SD Plan 2689	97	60	157
				SD Plan 3458	6	2	8
				SD Plan 3460	2	2	4
				SD Plan 3461	11	7	18
				SD Plan 3462	1	1	2
	CLASSIFIED	No	**Yes**	SD Plan 0399	71	29	100
				SD Plan 0403	174	144	318
				SD Plan 0601	60	80	140
				SD Plan 0614	169	102	271
				SD Plan 2686	12	16	28
Mukilteo School District Total					**1,330**	**1,163**	**2,493**
Naches Valley School District	**BLDG SEC**	No	**Yes**	SD Plan 0133	2	0	2
				SD Plan 0230	3	0	3
	BUS DRIVER	No	**Yes**	SD Plan 0230	5	0	5
	BUS MECHANIC	No	**Yes**	SD Plan 0230	1	0	1
	CL.ADMIN.	No	**Yes**	SD Plan 0602	3	0	3

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	COOK	No	**Yes**	SD Plan 0230	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 0133	2	0	2
				SD Plan 0230	1	0	1
	Maintenance	No	**Yes**	SD Plan 0230	1	0	1
				SD Plan 0602	1	0	1
	NURSE	No	**Yes**	SD Plan 0601	1	0	1
	PARA EDUCATOR	No	**Yes**	SD Plan 0133	3	0	3
				SD Plan 0230	5	0	5
	PRINCIPAL	Yes	**No**	SD Plan 0601	3	0	3
				SD Plan 0602	2	0	2
	PSYCHOLOGIST	Yes	**No**	SD Plan 0601	1	0	1
	SPED DIRECTOR	Yes	**No**	SD Plan 0602	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 2609	1	0	1
	TEACHER	Yes	**No**	SD Plan 0601	17	0	17
				SD Plan 0602	55	0	55
				SD Plan 0620	2	0	2
				SD Plan 0621	2	0	2
	TERMINATED	No	**Yes**	SD Plan 0230	1	0	1
	TRANSP.SUPV	No	**Yes**	SD Plan 0602	1	0	1
Naches Valley School District Total					**115**	**0**	**115**
Napavine School District	**NAPAVINE EDUC ASSN**	No	**Yes**	SD Plan 0384	3	0	3
				SD Plan 0523	4	0	4
				SD Plan 0524	1	0	1
				SD Plan 0525	3	0	3
				SD Plan 2622	1	0	1
		Yes	**No**	SD Plan 0384	9	0	9
				SD Plan 0523	11	0	11
				SD Plan 0524	3	0	3
				SD Plan 0525	4	0	4
				SD Plan 0526	5	0	5
	NAPAVINE EDUC SUPPORT	No	**Yes**	SD Plan 0384	4	0	4
				SD Plan 0523	4	0	4

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				SD Plan 0524	2	0	2
				SD Plan 0525	15	0	15
				SD Plan 0526	1	0	1
	NON-REPRESENTED	No	**Yes**	SD Plan 0523	3	0	3
				SD Plan 0525	2	0	2
		Yes	**No**	SD Plan 0384	1	0	1
				SD Plan 0524	1	0	1
				SD Plan 0525	1	0	1
Napavine School District Total					**78**	**0**	**78**
Naselle-Grays River Valley School District	**001 Certificated**	No	**Yes**	SD Plan 0547	2	0	2
				SD Plan 0746	2	0	2
				SD Plan 0747	1	0	1
				SD Plan 0750	1	0	1
				SD Plan 0755	1	0	1
				SD Plan 3595	1	0	1
				SD Plan 3597	2	0	2
		Yes	**No**	SD Plan 0547	4	0	4
				SD Plan 0746	2	0	2
				SD Plan 0747	3	0	3
				SD Plan 0748	3	0	3
				SD Plan 0749	1	0	1
				SD Plan 0750	1	0	1
				SD Plan 0755	1	0	1
				SD Plan 0756	2	0	2
	002 Classified (PSE)	No	**Yes**	SD Plan 0547	6	0	6
				SD Plan 0746	2	0	2
				SD Plan 0747	3	0	3
				SD Plan 0748	1	0	1
				SD Plan 0755	3	0	3
				SD Plan 0756	4	0	4
				SD Plan 3597	2	0	2
				SD Plan 3666	1	0	1

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	003 Non Represented	No	**Yes**	SD Plan 0547	2	0	2
				SD Plan 0746	1	0	1
		Yes	**No**	SD Plan 0547	3	0	3
Naselle-Grays River Valley School District Total					**55**	**0**	**55**
Nespelem School District	**CERTIFICATED**	Yes	**No**	SD Plan 3776	2	0	2
				SD Plan 3777	1	0	1
				SD Plan 3940	2	0	2
				SD Plan 3942	6	0	6
	CLASSIFIED	No	**Yes**	SD Plan 3776	1	0	1
				SD Plan 3940	2	0	2
				SD Plan 3941	2	0	2
				SD Plan 3942	6	0	6
Nespelem School District Total					**22**	**0**	**22**
Newport School District	**ADMIN CONTRACT**	No	**Yes**	SD Plan 1955	1	0	1
				SD Plan 1956	1	0	1
		Yes	**No**	SD Plan 1954	1	0	1
	ADMINISTRATION	Yes	**No**	SD Plan 1951	1	0	1
				SD Plan 1955	1	0	1
				SD Plan 1956	2	0	2
	CLASS UNION HR	No	**Yes**	SD Plan 1946	1	0	1
				SD Plan 1948	2	0	2
				SD Plan 1950	1	0	1
				SD Plan 1951	5	0	5
				SD Plan 1952	15	0	15
				SD Plan 1953	10	0	10
				SD Plan 1954	5	0	5
				SD Plan 1955	6	0	6
				SD Plan 1957	1	0	1
	HOURLY ADMIN	No	**Yes**	SD Plan 1954	2	0	2
				SD Plan 1956	2	0	2
	TEACHERS	No	**Yes**	SD Plan 1952	1	0	1
		Yes	**No**	SD Plan 1947	2	0	2

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				SD Plan 1951	12	0	12
				SD Plan 1952	11	0	11
				SD Plan 1953	15	0	15
				SD Plan 1954	5	0	5
				SD Plan 1955	9	0	9
				SD Plan 1956	8	0	8
Newport School District Total					**120**	**0**	**120**
Nine Mile Falls School District	**CERTIFICATED**	Yes	**No**	SD Plan 2701	47	106	153
				SD Plan 2703	46	89	135
	CLASSIFIED	No	**Yes**	SD Plan 2701	2	4	6
				SD Plan 2702	11	2	13
				SD Plan 2703	41	35	76
Nine Mile Falls School District Total					**147**	**236**	**383**
Nooksack Valley School District	**ADMN**	No	**Yes**	SD Plan 0749	1	0	1
		Yes	**No**	SD Plan 0547	7	0	7
				SD Plan 0746	1	0	1
	NREP	No	**Yes**	SD Plan 0547	10	0	10
				SD Plan 0746	1	0	1
				SD Plan 0749	1	0	1
				SD Plan 0751	2	0	2
	NVEA	No	**Yes**	SD Plan 0547	1	0	1
		Yes	**No**	SD Plan 0542	1	0	1
				SD Plan 0547	55	0	55
				SD Plan 0746	12	0	12
				SD Plan 0747	4	0	4
				SD Plan 0748	3	0	3
				SD Plan 0749	3	0	3
				SD Plan 0750	4	0	4
				SD Plan 0751	13	0	13
	SEIU	No	**Yes**	SD Plan 0547	59	0	59
				SD Plan 0746	8	0	8
				SD Plan 0747	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0748	3	0	3
				SD Plan 0749	3	0	3
				SD Plan 0750	3	0	3
				SD Plan 0751	2	0	2
Nooksack Valley School District Total					**198**	**0**	**198**
North Beach School District	**CERTIFICATED**	Yes	**No**	SD Plan 0501	3	0	3
				SD Plan 0547	2	0	2
				SD Plan 0579	7	7	14
				SD Plan 0580	2	1	3
				SD Plan 0748	10	12	22
				SD Plan 0749	3	7	10
				SD Plan 2713	1	0	1
				SD Plan 2714	1	2	3
				SD Plan 2715	3	2	5
				SD Plan 2716	1	0	1
				SD Plan 2729	8	7	15
	CLASSIFIED	No	**Yes**	SD Plan 0500	2	0	2
				SD Plan 0501	4	0	4
				SD Plan 0579	7	0	7
				SD Plan 0748	8	0	8
				SD Plan 0749	8	0	8
				SD Plan 2713	1	0	1
				SD Plan 2715	2	3	5
				SD Plan 2729	7	0	7
North Beach School District Total					**80**	**41**	**121**
North Franklin School District	**CERTIFIED UNION**	No	**Yes**	SD Plan 3689	1	0	1
				SD Plan 3691	1	0	1
				SD Plan 3737	2	0	2
				SD Plan 3738	1	0	1
		Yes	**No**	SD Plan 3319	8	0	8
				SD Plan 3688	5	0	5
				SD Plan 3689	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3690	8	0	8
				SD Plan 3691	18	0	18
				SD Plan 3737	48	0	48
				SD Plan 3738	21	0	21
				SD Plan 3739	13	0	13
	CLASSIFIED UNION	No	**Yes**	SD Plan 3319	4	0	4
				SD Plan 3688	8	0	8
				SD Plan 3689	15	0	15
				SD Plan 3690	4	0	4
				SD Plan 3691	12	0	12
				SD Plan 3737	29	0	29
				SD Plan 3738	19	0	19
				SD Plan 3739	17	0	17
		Yes	**No**	SD Plan 3691	2	0	2
North Franklin School District Total					**239**	**0**	**239**
North Kitsap School District	**ADMIN BARGAINED**	No	**Yes**	SD Plan 0217	2	0	2
				SD Plan 0429	1	0	1
				SD Plan 0493	3	0	3
				SD Plan 0583	1	0	1
				SD Plan 2740	4	0	4
				SD Plan 2741	2	0	2
		Yes	**No**	SD Plan 0217	3	0	3
				SD Plan 0583	2	0	2
	NKACEE/PSE	No	**Yes**	SD Plan 0217	33	0	33
				SD Plan 0493	42	0	42
				SD Plan 0583	10	0	10
				SD Plan 2740	28	0	28
				SD Plan 2741	24	0	24
	NKEA	Yes	**No**	SD Plan 0217	80	0	80
				SD Plan 0493	68	0	68
				SD Plan 0583	27	0	27
				SD Plan 2740	89	0	89

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2741	39	0	39
	NKSACAS-CLASS ADM	No	**Yes**	SD Plan 0217	4	0	4
				SD Plan 0583	1	0	1
				SD Plan 2740	3	0	3
				SD Plan 2741	1	0	1
	NON-BARGAINED CLASS	No	**Yes**	SD Plan 0217	4	0	4
				SD Plan 0493	2	0	2
				SD Plan 2740	6	0	6
		Yes	**No**	SD Plan 2740	1	0	1
	SEIU	No	**Yes**	SD Plan 0217	18	0	18
				SD Plan 0493	8	0	8
				SD Plan 0583	3	0	3
				SD Plan 2740	21	0	21
				SD Plan 2741	6	0	6
	TRANSPORTATION	No	**Yes**	SD Plan 0217	16	0	16
				SD Plan 0493	10	0	10
				SD Plan 0583	4	0	4
				SD Plan 2736	1	0	1
				SD Plan 2740	8	0	8
				SD Plan 2741	3	0	3
North Kitsap School District Total					**578**	**0**	**578**
North Mason School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0394	1	0	1
				SD Plan 0997	1	0	1
				SD Plan 0998	4	0	4
				SD Plan 0999	1	0	1
		Yes	**No**	SD Plan 0394	4	0	4
				SD Plan 0997	1	0	1
				SD Plan 0998	1	0	1
				SD Plan 0999	1	0	1
				SD Plan 1000	1	0	1
	PUBLIC SCH EMPLOYEES	No	**Yes**	SD Plan 0394	21	0	21
				SD Plan 0997	17	0	17

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				SD Plan 0998	17	0	17
				SD Plan 0999	3	0	3
				SD Plan 1000	2	0	2
	TEACHERS	Yes	**No**	SD Plan 0394	24	0	24
				SD Plan 0997	42	0	42
				SD Plan 0998	27	0	27
				SD Plan 0999	11	0	11
				SD Plan 1000	8	0	8
				SD Plan 3388	1	0	1
	UFCW	No	**Yes**	SD Plan 1001	29	0	29
North Mason School District Total					**217**	**0**	**217**
North River School District	**CERTIFICATED**	Yes	**No**	SD Plan 0518	1	0	1
				SD Plan 0520	1	0	1
				SD Plan 1003	8	0	8
				SD Plan 1006	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 1003	8	0	8
North River School District Total					**19**	**0**	**19**
North Thurston Public Schools	**Bus Drivers Mechanics Tra**	No	**Yes**	SD Plan 0313	5	0	5
				SD Plan 1850	2	0	2
				SD Plan 3324	4	0	4
				SD Plan 3327	23	0	23
				SD Plan 3379	2	0	2
				SD Plan 3830	8	0	8
				SD Plan 3831	1	0	1
				SD Plan 3836	7	0	7
				SD Plan 3838	1	0	1
				SD Plan 3841	2	0	2
	Classified Admin District A	No	**Yes**	SD Plan 1850	1	0	1
				SD Plan 2814	1	0	1
				SD Plan 3830	3	0	3
				SD Plan 3831	1	0	1
				SD Plan 3838	3	0	3

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		Yes	**No**	SD Plan 0313	1	0	1
				SD Plan 2814	1	0	1
				SD Plan 3327	1	0	1
				SD Plan 3830	6	0	6
	Computer Techs	No	**Yes**	SD Plan 2814	3	0	3
				SD Plan 2878	1	0	1
				SD Plan 3324	1	0	1
				SD Plan 3327	2	0	2
				SD Plan 3838	2	0	2
				SD Plan 3839	2	0	2
	CONT ITNRT	Yes	**No**	SD Plan 2814	1	0	1
	Cooks Warehouse	No	**Yes**	SD Plan 0313	3	0	3
				SD Plan 1850	2	0	2
				SD Plan 3324	1	0	1
				SD Plan 3327	18	0	18
				SD Plan 3379	1	0	1
				SD Plan 3830	5	0	5
				SD Plan 3831	1	0	1
				SD Plan 3836	6	0	6
				SD Plan 3838	2	0	2
				SD Plan 3839	1	0	1
				SD Plan 3841	1	0	1
	Coordinators Supervisors I	No	**Yes**	SD Plan 1850	1	0	1
				SD Plan 3327	2	0	2
	CUSTODIANS	No	**Yes**	SD Plan 0313	3	0	3
				SD Plan 1850	2	0	2
				SD Plan 3324	2	0	2
				SD Plan 3327	32	0	32
				SD Plan 3379	1	0	1
				SD Plan 3830	6	0	6
				SD Plan 3831	3	0	3
				SD Plan 3836	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3838	4	0	4
	Educational Assistants	No	**Yes**	SD Plan 0327	12	0	12
				SD Plan 0623	12	0	12
				SD Plan 2772	46	0	46
				SD Plan 2774	1	0	1
				SD Plan 2820	15	0	15
				SD Plan 2878	43	0	43
				SD Plan 3134	10	0	10
				SD Plan 3324	26	0	26
				SD Plan 3830	1	0	1
				SD Plan 3831	1	0	1
				SD Plan 3837	11	0	11
				SD Plan 3838	2	0	2
				SD Plan 3842	1	0	1
	Grounds Maintenance	No	**Yes**	SD Plan 0313	1	0	1
				SD Plan 1850	3	0	3
				SD Plan 3327	5	0	5
				SD Plan 3379	3	0	3
				SD Plan 3830	2	0	2
				SD Plan 3831	1	0	1
				SD Plan 3836	2	0	2
				SD Plan 3838	1	0	1
	Interpreters	No	**Yes**	SD Plan 2774	1	0	1
				SD Plan 2820	1	0	1
				SD Plan 2878	2	0	2
				SD Plan 3134	1	0	1
				SD Plan 3840	1	0	1
	New Classified Admin Distr	No	**Yes**	SD Plan 3327	1	0	1
				SD Plan 3379	1	0	1
	NEW HIRE CT AFTER INITIAI	No	**Yes**	SD Plan 3830	1	0	1
	NEW HIRE CUSTODIANS AF	No	**Yes**	SD Plan 3324	1	0	1
				SD Plan 3327	1	0	1

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	NEW HIRE GR/MN AFTER IN	No	**Yes**	SD Plan 2820	1	0	1
	NEW HIRE OP AFTER INITAL	No	**Yes**	SD Plan 0313	1	0	1
				SD Plan 3327	1	0	1
				SD Plan 3379	1	0	1
				SD Plan 3838	1	0	1
				SD Plan 3839	1	0	1
	NEW HIRE PRINCIPALS	Yes	**No**	SD Plan 3327	1	0	1
				SD Plan 3831	2	0	2
	NEW HIRE PSE	No	**Yes**	SD Plan 0313	1	0	1
				SD Plan 3324	3	0	3
				SD Plan 3327	3	0	3
				SD Plan 3838	1	0	1
	Non Union	No	**Yes**	SD Plan 0313	1	0	1
				SD Plan 1850	2	0	2
				SD Plan 2814	1	0	1
				SD Plan 2878	1	0	1
				SD Plan 3327	5	0	5
				SD Plan 3830	1	0	1
				SD Plan 3831	1	0	1
				SD Plan 3836	1	0	1
				SD Plan 3838	1	0	1
	Office Professional	No	**Yes**	SD Plan 0313	3	0	3
				SD Plan 1850	9	0	9
				SD Plan 2814	1	0	1
				SD Plan 3324	7	0	7
				SD Plan 3327	25	0	25
				SD Plan 3379	3	0	3
				SD Plan 3830	14	0	14
				SD Plan 3831	9	0	9
				SD Plan 3836	2	0	2
				SD Plan 3838	9	0	9
				SD Plan 3839	1	0	1

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				SD Plan 3841	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0313	1	0	1
				SD Plan 2814	3	0	3
				SD Plan 3324	2	0	2
				SD Plan 3327	7	0	7
				SD Plan 3379	1	0	1
				SD Plan 3830	7	0	7
				SD Plan 3831	5	0	5
				SD Plan 3838	1	0	1
				SD Plan 3839	1	0	1
	TEACHERS	No	**Yes**	SD Plan 3830	1	0	1
				SD Plan 3831	1	0	1
				SD Plan 3838	1	0	1
		Yes	**No**	SD Plan 0623	1	0	1
				SD Plan 2814	12	0	12
				SD Plan 2878	2	0	2
				SD Plan 3325	2	0	2
				SD Plan 3327	270	0	270
				SD Plan 3828	2	0	2
				SD Plan 3830	181	0	181
				SD Plan 3831	72	0	72
				SD Plan 3836	101	0	101
				SD Plan 3837	1	0	1
				SD Plan 3838	60	0	60
				SD Plan 3839	37	0	37
				SD Plan 3841	18	0	18
North Thurston Public Schools Total					**1,298**	**0**	**1,298**
Northport School District	**CERTIFICATED**	No	**Yes**	SD Plan 0537	1	0	1
		Yes	**No**	SD Plan 0537	13	0	13
	CLASS YEAR RND	No	**Yes**	SD Plan 0537	3	0	3
	CLASSIFIED	No	**Yes**	SD Plan 0537	16	0	16
	SUPERINTENDENT	Yes	**No**	SD Plan 0537	1	0	1

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Northport School District Total					**34**	**0**	**34**
Northshore School District	**CERTIFICATED**	Yes	**No**	SD Plan 1941	533	221	754
				SD Plan 1942	440	774	1,214
				SD Plan 1943	91	204	295
				SD Plan 1944	3	3	6
				SD Plan 1945	147	122	269
	Certificated Job Share	Yes	**No**	SD Plan 1941	3	0	3
				SD Plan 1942	4	8	12
				SD Plan 1943	3	6	9
				SD Plan 1945	2	3	5
	CLASSIFIED	No	**Yes**	SD Plan 1941	271	93	364
				SD Plan 1942	292	433	725
				SD Plan 1943	61	138	199
				SD Plan 1944	4	9	13
				SD Plan 1945	53	37	90
Northshore School District Total					**1,907**	**2,051**	**3,958**
Oak Harbor School District	**NON REP**	No	**Yes**	SD Plan 0523	7	0	7
				SD Plan 0524	3	0	3
				SD Plan 0526	1	0	1
		Yes	**No**	SD Plan 0523	2	0	2
				SD Plan 0524	1	0	1
				SD Plan 0525	1	0	1
	OHBAA	Yes	**No**	SD Plan 0523	8	0	8
				SD Plan 0524	2	0	2
				SD Plan 0525	1	0	1
				SD Plan 3250	3	0	3
	OHEA	Yes	**No**	SD Plan 0523	128	0	128
				SD Plan 0524	43	0	43
				SD Plan 0525	38	0	38
				SD Plan 0526	30	0	30
				SD Plan 0527	1	0	1
				SD Plan 3250	30	0	30

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	PSE	No	**Yes**	SD Plan 0523	45	0	45
				SD Plan 0524	17	0	17
				SD Plan 0525	38	0	38
				SD Plan 0526	47	0	47
				SD Plan 3250	18	0	18
	PSE NON-POOL	No	**Yes**	SD Plan 0525	1	0	1
Oak Harbor School District Total					**465**	**0**	**465**
Oakesdale School District	**No Benefits Offered - Certif**	Yes	**No**	SD Plan 0333	3	0	3
				SD Plan 2886	1	0	1
	No Benefits Offered - Classi	No	**Yes**	SD Plan 0333	3	0	3
				SD Plan 0848	1	0	1
				SD Plan 2886	3	0	3
	Oakesdale Represented	No	**Yes**	SD Plan 3173	1	0	1
				SD Plan 3174	1	0	1
		Yes	**No**	SD Plan 2837	1	0	1
				SD Plan 3173	4	0	4
				SD Plan 3174	3	0	3
Oakesdale School District Total					**21**	**0**	**21**
Oakville School District	**Benefits Offered - Certificat**	Yes	**No**	SD Plan 0442	8	0	8
				SD Plan 0505	4	0	4
				SD Plan 0506	12	0	12
				SD Plan 3826	1	0	1
	Benefits Offered - Classifiec	No	**Yes**	SD Plan 0442	11	0	11
				SD Plan 0505	1	0	1
				SD Plan 0506	7	0	7
				SD Plan 0507	1	0	1
Oakville School District Total					**45**	**0**	**45**
Ocean Beach School District	**001 OBEA**	No	**Yes**	SD Plan 0579	2	0	2
				SD Plan 2443	2	1	3
				SD Plan 2445	1	5	6
				SD Plan 2447	3	4	7
		Yes	**No**	SD Plan 0472	4	0	4

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				SD Plan 0501	5	4	9
				SD Plan 0579	3	0	3
				SD Plan 0580	6	2	8
				SD Plan 2443	10	10	20
				SD Plan 2445	3	8	11
				SD Plan 2447	12	7	19
	002 CPEA	No	**Yes**	SD Plan 0472	4	2	6
				SD Plan 0473	3	0	3
				SD Plan 0474	3	0	3
				SD Plan 0501	2	1	3
				SD Plan 0579	3	2	5
				SD Plan 0580	2	0	2
				SD Plan 2443	10	8	18
				SD Plan 2445	2	2	4
				SD Plan 2447	5	4	9
				SD Plan 3910	3	6	9
				SD Plan 3913	1	1	2
	003 PSE	No	**Yes**	SD Plan 0472	1	0	1
				SD Plan 2443	2	0	2
				SD Plan 2445	2	0	2
				SD Plan 2447	4	0	4
				SD Plan 3910	2	0	2
	004 ADMIN	Yes	**No**	SD Plan 0579	2	4	6
				SD Plan 2443	1	2	3
				SD Plan 2447	1	0	1
	005 CLASS NON REP	No	**Yes**	SD Plan 0579	2	2	4
				SD Plan 0580	3	0	3
				SD Plan 2447	2	1	3
Ocean Beach School District Total					**111**	**76**	**187**
Ocosta School District	**ADMIN PRIN DIRC**	Yes	**No**	SD Plan 0644	3	1	4
	ADMIN SUPERINTE	Yes	**No**	SD Plan 0644	1	0	1
	BUS DRIVER 184	No	**Yes**	SD Plan 0644	4	0	4

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	KITCHEN 184	No	**Yes**	SD Plan 0644	4	1	5
	MAINTENANCE 188	No	**Yes**	SD Plan 0644	3	0	3
	MAINTENANCE 260	No	**Yes**	SD Plan 0644	3	0	3
	NON REPRES 208	No	**Yes**	SD Plan 0644	3	1	4
	NON REPRES 260	No	**Yes**	SD Plan 0644	6	8	14
	TEACH AIDE ELEM	No	**Yes**	SD Plan 0644	12	7	19
	TEACH AIDE SEC	No	**Yes**	SD Plan 0644	5	2	7
	TEACHER ELEMENT	Yes	**No**	SD Plan 0644	26	26	52
	TEACHER SECONDA	No	**Yes**	SD Plan 0644	1	0	1
		Yes	**No**	SD Plan 0644	19	18	37
Ocosta School District Total					**90**	**64**	**154**
Odessa School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 2947	2	4	6
	CERTIFICATED EMPLOYEES	Yes	**No**	SD Plan 0537	10	7	17
				SD Plan 0540	6	14	20
				SD Plan 2951	2	5	7
	Classified Employees	No	**Yes**	SD Plan 0537	1	0	1
				SD Plan 0540	3	3	6
				SD Plan 2950	3	0	3
				SD Plan 2951	15	18	33
Odessa School District Total					**42**	**51**	**93**
Okanogan School District	**ADMIN**	No	**Yes**	SD Plan 0966	3	2	5
		Yes	**No**	SD Plan 0966	4	4	8
	CLASS - NON PSE	No	**Yes**	SD Plan 3496	18	3	21
	OEA	Yes	**No**	SD Plan 1881	4	2	6
				SD Plan 1882	4	2	6
				SD Plan 1883	4	2	6
				SD Plan 4094	24	9	33
				SD Plan 4095	12	7	19
				SD Plan 4096	14	7	21
	PSE	No	**Yes**	SD Plan 1881	1	1	2
				SD Plan 1882	1	0	1
				SD Plan 1883	3	1	4

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				SD Plan 3496	1	0	1
				SD Plan 4094	26	8	34
				SD Plan 4095	4	1	5
				SD Plan 4096	5	1	6
Okanogan School District Total					**128**	**50**	**178**
Olympia School District	**CERTIFICATED**	No	**Yes**	SD Plan 4023	1	0	1
		Yes	**No**	SD Plan 0659	9	0	9
				SD Plan 2723	121	0	121
				SD Plan 4019	171	0	171
				SD Plan 4023	93	0	93
				SD Plan 4025	90	0	90
				SD Plan 4028	50	0	50
	CLASSIFIED	No	**Yes**	SD Plan 0659	2	0	2
				SD Plan 2723	55	0	55
				SD Plan 4019	54	0	54
				SD Plan 4023	29	0	29
				SD Plan 4025	59	0	59
				SD Plan 4028	35	0	35
		Yes	**No**	SD Plan 2723	1	0	1
				SD Plan 4023	1	0	1
				SD Plan 4025	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 2723	13	0	13
				SD Plan 4019	3	0	3
				SD Plan 4023	1	0	1
				SD Plan 4025	2	0	2
				SD Plan 4028	6	0	6
	MAINT CUSTODIAL BUS TEC	No	**Yes**	SD Plan 0659	1	0	1
				SD Plan 2723	33	0	33
				SD Plan 4019	21	0	21
				SD Plan 4023	11	0	11
				SD Plan 4025	14	0	14
				SD Plan 4028	21	0	21

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Olympia School District Total					**898**	**0**	**898**
Omak School District	**CERTIFICATED ADMINIST**	Yes	**No**	SD Plan 0169	1	1	2
				SD Plan 1860	2	8	10
				SD Plan 1862	2	4	6
				SD Plan 1868	2	1	3
				SD Plan 1869	1	2	3
	CLASSIFIED ADM SUPPRT	No	**Yes**	SD Plan 1860	1	3	4
				SD Plan 1868	4	5	9
				SD Plan 1870	7	3	10
				SD Plan 2092	2	3	5
				SD Plan 2093	1	0	1
	OMAK EDUCATION ASSOC	Yes	**No**	SD Plan 0167	20	30	50
				SD Plan 0168	3	2	5
				SD Plan 0169	1	3	4
				SD Plan 0512	3	6	9
				SD Plan 0659	1	1	2
				SD Plan 1860	14	26	40
				SD Plan 1862	8	19	27
				SD Plan 1864	3	6	9
				SD Plan 1868	56	48	104
				SD Plan 1869	24	34	58
				SD Plan 1870	20	19	39
				SD Plan 2091	23	11	34
				SD Plan 2092	9	3	12
				SD Plan 2093	7	7	14
				SD Plan 3285	3	0	3
				SD Plan 4116	3	5	8
	PUBLIC SCHOOL EMPLOYE	No	**Yes**	SD Plan 0167	5	3	8
				SD Plan 0169	1	0	1
				SD Plan 0659	1	0	1
				SD Plan 1860	10	1	11
				SD Plan 1862	2	3	5

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1864	1	0	1
				SD Plan 1868	20	5	25
				SD Plan 1869	8	12	20
				SD Plan 1870	14	4	18
				SD Plan 2091	1	0	1
				SD Plan 2092	2	2	4
				SD Plan 2093	1	0	1
				SD Plan 4116	1	1	2
	SECRETARIES ED ASSOC	No	**Yes**	SD Plan 1868	7	0	7
				SD Plan 1869	2	2	4
				SD Plan 1870	3	0	3
				SD Plan 2091	1	0	1
Omak School District Total					**301**	**283**	**584**
Onalaska School District	**CERTIFICATED - TEACHERS**	No	**Yes**	SD Plan 0020	4	2	6
				SD Plan 0659	1	1	2
				SD Plan 3320	1	0	1
		Yes	**No**	SD Plan 0020	10	11	21
				SD Plan 0021	7	7	14
				SD Plan 0022	5	7	12
				SD Plan 0218	4	13	17
				SD Plan 0219	6	6	12
				SD Plan 0220	3	3	6
				SD Plan 0659	2	5	7
				SD Plan 3320	1	2	3
	CLASSIFIED STAFF	No	**Yes**	SD Plan 0020	7	5	12
				SD Plan 0021	7	12	19
				SD Plan 0022	1	1	2
				SD Plan 0218	13	17	30
				SD Plan 0219	11	13	24
				SD Plan 0220	3	1	4
				SD Plan 0659	1	0	1
		Yes	**No**	SD Plan 0659	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Onalaska School District Total					**88**	**106**	**194**
Onion Creek School District	**CERTIFICATED**	No	**Yes**	SD Plan 2848	1	1	2
		Yes	**No**	SD Plan 2848	3	5	8
	CLASSIFIED	No	**Yes**	SD Plan 2848	7	5	12
Onion Creek School District Total					**11**	**11**	**22**
Orcas Island School District	**NON REPRESENTED**	No	**Yes**	SD Plan 0525	2	3	5
				SD Plan 0571	2	3	5
				SD Plan 2881	1	1	2
				SD Plan 3134	2	0	2
		Yes	**No**	SD Plan 0523	1	3	4
				SD Plan 0524	1	1	2
				SD Plan 2879	1	0	1
	ORCAS EDUCATION ASSOC	No	**Yes**	SD Plan 0571	1	1	2
		Yes	**No**	SD Plan 0523	2	0	2
				SD Plan 0524	3	2	5
				SD Plan 0525	8	18	26
				SD Plan 0571	14	15	29
				SD Plan 2878	1	0	1
				SD Plan 2879	6	5	11
				SD Plan 3134	10	7	17
	PUBLIC SCHOOL EMPLS	No	**Yes**	SD Plan 0524	1	0	1
				SD Plan 0525	1	3	4
				SD Plan 0571	18	26	44
				SD Plan 2877	1	0	1
				SD Plan 2879	2	1	3
				SD Plan 3134	5	4	9
				SD Plan 3135	1	1	2
Orcas Island School District Total					**84**	**94**	**178**
Orchard Prairie School District	**CERTIFICATED**	No	**Yes**	SD Plan 3470	1	0	1
		Yes	**No**	SD Plan 3470	6	0	6
	CLASSIFIED	No	**Yes**	SD Plan 3470	2	0	2
Orchard Prairie School District Total					**9**	**0**	**9**

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Orient School District	**CERT STAFF**	Yes	**No**	SD Plan 3452	5	0	5
	CLASSIFIED	No	**Yes**	SD Plan 2998	7	0	7
	CLASSIFIED SAL	No	**Yes**	SD Plan 2998	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 3452	1	0	1
Orient School District Total					**14**	**0**	**14**
Orondo School District	**ORONDO CLASSROOM SUP**	No	**Yes**	SD Plan 1882	1	0	1
				SD Plan 1884	3	0	3
				SD Plan 1885	1	0	1
				SD Plan 1891	1	0	1
				SD Plan 1893	2	0	2
	ORONDO ED ASSOC	Yes	**No**	SD Plan 1885	1	0	1
				SD Plan 1886	1	0	1
				SD Plan 1891	4	0	4
				SD Plan 1892	4	0	4
				SD Plan 1893	2	0	2
	UNREPRESENTED-Certified	Yes	**No**	SD Plan 1891	2	0	2
	UNREPRESENTED-Classified	No	**Yes**	SD Plan 1882	1	0	1
				SD Plan 1886	1	0	1
				SD Plan 1889	2	0	2
				SD Plan 1891	3	0	3
				SD Plan 1893	3	0	3
Orondo School District Total					**32**	**0**	**32**
Oroville School District	**CERTIFICATED**	Yes	**No**	SD Plan 0656	18	14	32
				SD Plan 0657	6	1	7
				SD Plan 0658	8	10	18
				SD Plan 3806	5	2	7
				SD Plan 3807	1	0	1
				SD Plan 3808	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 0656	15	3	18
				SD Plan 0657	7	7	14
				SD Plan 0658	10	5	15
				SD Plan 3806	3	0	3

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				SD Plan 3807	1	0	1
				SD Plan 3808	1	2	3
Oroville School District Total					**77**	**44**	**121**
Orting School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 2947	9	0	9
	CLASSIFIED	No	**Yes**	SD Plan 0604	9	0	9
				SD Plan 0746	18	0	18
				SD Plan 0747	7	0	7
				SD Plan 0748	19	0	19
				SD Plan 0749	5	0	5
	EXEMPT	No	**Yes**	SD Plan 2899	1	0	1
				SD Plan 2947	14	0	14
	TEACHERS	No	**Yes**	SD Plan 0604	3	0	3
				SD Plan 0746	6	0	6
				SD Plan 0747	1	0	1
				SD Plan 0749	4	0	4
				SD Plan 2899	1	0	1
		Yes	**No**	SD Plan 0604	12	0	12
				SD Plan 0746	43	0	43
				SD Plan 0747	15	0	15
				SD Plan 0748	13	0	13
				SD Plan 0749	14	0	14
				SD Plan 2899	1	0	1
Orting School District Total					**195**	**0**	**195**
Othello School District	**CERTIFICATED POOLING**	No	**Yes**	SD Plan 0636	1	0	1
				SD Plan 2933	1	0	1
				SD Plan 2935	2	0	2
		Yes	**No**	SD Plan 0433	35	39	74
				SD Plan 0636	47	73	120
				SD Plan 0640	1	3	4
				SD Plan 2933	98	87	185
				SD Plan 2935	30	58	88
				SD Plan 2936	15	27	42

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				SD Plan 2937	3	11	14
	CLASSIFIED POOLING	No	**Yes**	SD Plan 0433	9	8	17
				SD Plan 0636	45	39	84
				SD Plan 0640	3	5	8
				SD Plan 2933	61	13	74
				SD Plan 2935	53	52	105
				SD Plan 2936	16	13	29
				SD Plan 2937	9	18	27
		Yes	**No**	SD Plan 0636	1	0	1
Othello School District Total					**430**	**446**	**876**
Palisades School District	**CLASS MONTHLY**	No	**Yes**	SD Plan 1470	5	5	10
	TEACHER	Yes	**No**	SD Plan 1470	2	2	4
Palisades School District Total					**7**	**7**	**14**
Palouse School District	**CERTIFIED**	No	**Yes**	SD Plan 0537	2	0	2
		Yes	**No**	SD Plan 0537	12	0	12
	CLASSIFIED	No	**Yes**	SD Plan 0537	8	0	8
				SD Plan 1909	2	0	2
Palouse School District Total					**24**	**0**	**24**
Pasco School District	**DISTRICT ADMINISTRATOR**	No	**Yes**	SD Plan 1067	1	0	1
				SD Plan 1070	1	0	1
				SD Plan 1075	1	0	1
				SD Plan 1076	1	0	1
				SD Plan 1090	2	0	2
				SD Plan 1091	3	0	3
				SD Plan 1092	3	0	3
		Yes	**No**	SD Plan 1074	3	0	3
				SD Plan 1075	3	0	3
				SD Plan 1077	3	0	3
				SD Plan 1083	1	0	1
				SD Plan 1090	1	0	1
				SD Plan 1091	3	0	3
				SD Plan 1092	1	0	1

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				SD Plan 1093	2	0	2
	EXEMPT PROFESSIONAL	No	**Yes**	SD Plan 1067	1	0	1
				SD Plan 1069	1	0	1
				SD Plan 1075	8	0	8
				SD Plan 1077	1	0	1
				SD Plan 1082	1	0	1
				SD Plan 1083	3	0	3
				SD Plan 1091	1	0	1
				SD Plan 1098	3	0	3
				SD Plan 1101	1	0	1
				SD Plan 1102	1	0	1
				SD Plan 1107	1	0	1
				SD Plan 1108	1	0	1
				SD Plan 1109	1	0	1
				SD Plan 1115	1	0	1
	IUOE MANT AND CUST	No	**Yes**	SD Plan 1062	1	0	1
				SD Plan 1063	1	0	1
				SD Plan 1066	5	0	5
				SD Plan 1067	13	0	13
				SD Plan 1068	1	0	1
				SD Plan 1069	1	0	1
				SD Plan 1074	4	0	4
				SD Plan 1075	20	0	20
				SD Plan 1076	1	0	1
				SD Plan 1082	3	0	3
				SD Plan 1083	21	0	21
				SD Plan 1084	1	0	1
				SD Plan 1091	7	0	7
				SD Plan 1098	1	0	1
				SD Plan 1099	1	0	1
				SD Plan 1101	2	0	2
				SD Plan 1106	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1107	3	0	3
				SD Plan 1109	1	0	1
				SD Plan 1114	1	0	1
				SD Plan 1115	2	0	2
				SD Plan 1117	1	0	1
	IUOE TRANSPORTATION	No	**Yes**	SD Plan 1062	1	0	1
				SD Plan 1063	9	0	9
				SD Plan 1065	1	0	1
				SD Plan 1070	3	0	3
				SD Plan 1071	12	0	12
				SD Plan 1073	1	0	1
				SD Plan 1079	3	0	3
				SD Plan 1087	7	0	7
				SD Plan 1091	1	0	1
				SD Plan 1094	4	0	4
				SD Plan 1095	8	0	8
				SD Plan 1096	1	0	1
				SD Plan 1097	1	0	1
				SD Plan 1102	1	0	1
				SD Plan 1103	8	0	8
				SD Plan 1104	1	0	1
				SD Plan 1105	1	0	1
				SD Plan 1110	2	0	2
				SD Plan 1111	1	0	1
				SD Plan 1112	1	0	1
				SD Plan 1113	1	0	1
	NONE	No	**Yes**	SD Plan 1063	1	0	1
				SD Plan 1070	2	0	2
				SD Plan 1071	3	0	3
				SD Plan 1075	3	0	3
				SD Plan 1077	1	0	1
				SD Plan 1079	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1083	1	0	1
				SD Plan 1085	1	0	1
				SD Plan 1087	1	0	1
				SD Plan 1094	1	0	1
				SD Plan 1095	3	0	3
				SD Plan 1102	2	0	2
				SD Plan 1111	3	0	3
				SD Plan 1113	1	0	1
		Yes	**No**	SD Plan 1075	3	0	3
	NON-SCHEDULED/NON-EXE	No	**Yes**	SD Plan 1068	1	0	1
				SD Plan 1071	1	0	1
	PAE TEACHERS	No	**Yes**	SD Plan 1095	1	0	1
		Yes	**No**	SD Plan 1063	3	0	3
				SD Plan 1066	29	0	29
				SD Plan 1067	58	0	58
				SD Plan 1068	7	0	7
				SD Plan 1069	7	0	7
				SD Plan 1074	102	0	102
				SD Plan 1075	235	0	235
				SD Plan 1076	17	0	17
				SD Plan 1077	19	0	19
				SD Plan 1082	54	0	54
				SD Plan 1083	77	0	77
				SD Plan 1084	14	0	14
				SD Plan 1085	13	0	13
				SD Plan 1087	1	0	1
				SD Plan 1090	22	0	22
				SD Plan 1091	38	0	38
				SD Plan 1092	3	0	3
				SD Plan 1093	4	0	4
				SD Plan 1098	36	0	36
				SD Plan 1099	25	0	25

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1100	28	0	28
				SD Plan 1101	17	0	17
				SD Plan 1106	27	0	27
				SD Plan 1107	7	0	7
				SD Plan 1108	29	0	29
				SD Plan 1109	10	0	10
				SD Plan 1114	18	0	18
				SD Plan 1115	3	0	3
				SD Plan 1116	7	0	7
				SD Plan 1117	2	0	2
				SD Plan 1122	2	0	2
				SD Plan 1123	2	0	2
				SD Plan 1124	9	0	9
				SD Plan 1125	3	0	3
	PRINCIPAL & ASST PRINCIP	Yes	**No**	SD Plan 1066	1	0	1
				SD Plan 1067	1	0	1
				SD Plan 1068	1	0	1
				SD Plan 1074	16	0	16
				SD Plan 1075	3	0	3
				SD Plan 1076	12	0	12
				SD Plan 1085	1	0	1
				SD Plan 1090	5	0	5
				SD Plan 1091	1	0	1
				SD Plan 1092	5	0	5
	PSE NUTRITION SERVICES	No	**Yes**	SD Plan 1062	1	0	1
				SD Plan 1063	5	0	5
				SD Plan 1070	1	0	1
				SD Plan 1071	10	0	10
				SD Plan 1073	3	0	3
				SD Plan 1074	1	0	1
				SD Plan 1078	2	0	2
				SD Plan 1079	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1081	1	0	1
				SD Plan 1087	4	0	4
				SD Plan 1094	3	0	3
				SD Plan 1095	6	0	6
				SD Plan 1103	3	0	3
				SD Plan 1104	1	0	1
				SD Plan 1105	1	0	1
				SD Plan 1110	1	0	1
				SD Plan 1111	5	0	5
	PSE PARAEDUCATORS	No	**Yes**	SD Plan 1063	13	0	13
				SD Plan 1070	4	0	4
				SD Plan 1071	19	0	19
				SD Plan 1073	1	0	1
				SD Plan 1078	2	0	2
				SD Plan 1079	29	0	29
				SD Plan 1081	1	0	1
				SD Plan 1086	1	0	1
				SD Plan 1087	5	0	5
				SD Plan 1094	11	0	11
				SD Plan 1095	34	0	34
				SD Plan 1096	1	0	1
				SD Plan 1097	1	0	1
				SD Plan 1101	1	0	1
				SD Plan 1102	6	0	6
				SD Plan 1103	30	0	30
				SD Plan 1104	2	0	2
				SD Plan 1110	3	0	3
				SD Plan 1111	16	0	16
				SD Plan 1112	1	0	1
				SD Plan 1113	1	0	1
				SD Plan 1115	1	0	1
				SD Plan 1121	2	0	2

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	PSE SECRETARIES & CLERKS	No	**Yes**	SD Plan 1062	8	0	8
				SD Plan 1063	12	0	12
				SD Plan 1064	1	0	1
				SD Plan 1065	1	0	1
				SD Plan 1070	2	0	2
				SD Plan 1071	18	0	18
				SD Plan 1072	1	0	1
				SD Plan 1073	4	0	4
				SD Plan 1078	6	0	6
				SD Plan 1079	17	0	17
				SD Plan 1087	4	0	4
				SD Plan 1094	7	0	7
				SD Plan 1095	7	0	7
				SD Plan 1097	2	0	2
				SD Plan 1102	8	0	8
				SD Plan 1103	10	0	10
				SD Plan 1105	3	0	3
				SD Plan 1110	7	0	7
				SD Plan 1111	6	0	6
				SD Plan 1112	2	0	2
				SD Plan 1113	1	0	1
				SD Plan 1120	2	0	2
	PSE SPECIALISTS	No	**Yes**	SD Plan 1062	4	0	4
				SD Plan 1063	6	0	6
				SD Plan 1065	1	0	1
				SD Plan 1070	2	0	2
				SD Plan 1071	17	0	17
				SD Plan 1072	1	0	1
				SD Plan 1073	1	0	1
				SD Plan 1078	2	0	2
				SD Plan 1079	10	0	10
				SD Plan 1087	2	0	2

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				SD Plan 1094	8	0	8
				SD Plan 1095	12	0	12
				SD Plan 1096	1	0	1
				SD Plan 1097	1	0	1
				SD Plan 1102	4	0	4
				SD Plan 1103	6	0	6
				SD Plan 1110	4	0	4
				SD Plan 1111	1	0	1
				SD Plan 1112	2	0	2
				SD Plan 1120	1	0	1
				SD Plan 1121	1	0	1
	TECHNOLOGY	No	**Yes**	SD Plan 1066	1	0	1
				SD Plan 1074	1	0	1
				SD Plan 1075	2	0	2
				SD Plan 1076	1	0	1
				SD Plan 1082	1	0	1
				SD Plan 1107	1	0	1
				SD Plan 1109	1	0	1
				SD Plan 1116	1	0	1
				SD Plan 1117	1	0	1
Pasco School District Total					**1,686**	**0**	**1,686**
Pateros School District	**PEA-CERTIFICATED**	Yes	**No**	SD Plan 0020	12	0	12
				SD Plan 0021	2	0	2
				SD Plan 0022	1	0	1
				SD Plan 0518	8	0	8
	PEA-CLASSIFIED	No	**Yes**	SD Plan 0020	4	0	4
				SD Plan 0312	2	0	2
				SD Plan 0518	11	0	11
Pateros School District Total					**40**	**0**	**40**
Paterson School District	**Certified Staff**	Yes	**No**	SD Plan 0505	3	6	9
				SD Plan 0506	4	8	12
				SD Plan 0519	4	10	14

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	CLASSIFIED STAFF	No	**Yes**	SD Plan 0506	2	1	3
				SD Plan 0519	2	2	4
Paterson School District Total					**15**	**27**	**42**
Pe Ell School District	**CERT MONTHLY**	No	**Yes**	SD Plan 0579	1	3	4
		Yes	**No**	SD Plan 0501	1	1	2
				SD Plan 0579	15	6	21
				SD Plan 0581	2	3	5
				SD Plan 0582	1	2	3
	CLASS MONTHLY	No	**Yes**	SD Plan 0501	4	0	4
				SD Plan 0579	7	0	7
				SD Plan 0581	10	2	12
	DIST ADM	No	**Yes**	SD Plan 0579	1	0	1
		Yes	**No**	SD Plan 0579	2	3	5
Pe Ell School District Total					**44**	**20**	**64**
Peninsula School District	**ADMIN/NON-REP**	No	**Yes**	SD Plan 0136	2	0	2
				SD Plan 0230	5	0	5
				SD Plan 0571	2	0	2
				SD Plan 0604	1	0	1
				SD Plan 0748	1	0	1
				SD Plan 2905	5	0	5
		Yes	**No**	SD Plan 0136	1	0	1
				SD Plan 0230	1	0	1
				SD Plan 0571	2	0	2
				SD Plan 0604	1	0	1
				SD Plan 0747	3	0	3
				SD Plan 2905	1	0	1
	PRINCIPALS/COORD	Yes	**No**	SD Plan 0136	1	0	1
				SD Plan 0230	1	0	1
				SD Plan 0571	6	0	6
				SD Plan 0604	2	0	2
				SD Plan 0747	8	0	8
				SD Plan 0748	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2905	1	0	1
	PSE-CLERICAL	No	**Yes**	SD Plan 0136	25	0	25
				SD Plan 0230	16	0	16
				SD Plan 0511	1	0	1
				SD Plan 0571	49	0	49
				SD Plan 0602	3	0	3
				SD Plan 0604	15	0	15
				SD Plan 0747	9	0	9
				SD Plan 0748	2	0	2
				SD Plan 2905	50	0	50
	PSE-CUSTODIANS	No	**Yes**	SD Plan 0136	4	0	4
				SD Plan 0230	3	0	3
				SD Plan 0571	16	0	16
				SD Plan 0604	6	0	6
				SD Plan 0747	5	0	5
				SD Plan 2905	6	0	6
	PSE-DRIVERS	No	**Yes**	SD Plan 0136	3	0	3
				SD Plan 0511	3	0	3
				SD Plan 0571	20	0	20
				SD Plan 0602	2	0	2
				SD Plan 0604	2	0	2
				SD Plan 0748	2	0	2
				SD Plan 2905	14	0	14
	PSE-MAINTENANCE	No	**Yes**	SD Plan 0136	3	0	3
				SD Plan 0571	6	0	6
				SD Plan 0604	4	0	4
				SD Plan 0747	2	0	2
	PSE-MECHANICS	No	**Yes**	SD Plan 0136	1	0	1
				SD Plan 0571	3	0	3
	TEACHERS	Yes	**No**	SD Plan 0136	39	0	39
				SD Plan 0230	26	0	26
				SD Plan 0511	6	0	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0571	112	0	112
				SD Plan 0602	11	0	11
				SD Plan 0604	56	0	56
				SD Plan 0747	62	0	62
				SD Plan 0748	31	0	31
				SD Plan 2905	110	0	110
	WATECH-TECH SUPPORT	No	**Yes**	SD Plan 0511	1	0	1
				SD Plan 0571	2	0	2
				SD Plan 0747	1	0	1
				SD Plan 2905	2	0	2
Peninsula School District Total					**782**	**0**	**782**
Pioneer School District	**Cert Admin**	Yes	**No**	SD Plan 0580	2	0	2
				SD Plan 0581	1	0	1
	Class Admin	No	**Yes**	SD Plan 0251	1	0	1
				SD Plan 0579	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0251	9	0	9
				SD Plan 0501	3	0	3
				SD Plan 0579	6	0	6
				SD Plan 0580	6	0	6
				SD Plan 0581	6	0	6
				SD Plan 0582	3	0	3
				SD Plan 0583	2	0	2
	SUPERINTENDENT	Yes	**No**	SD Plan 0580	1	0	1
	TEACHERS	No	**Yes**	SD Plan 0251	3	0	3
				SD Plan 0501	1	0	1
				SD Plan 0580	1	0	1
		Yes	**No**	SD Plan 0251	13	0	13
				SD Plan 0501	3	0	3
				SD Plan 0579	14	0	14
				SD Plan 0580	4	0	4
				SD Plan 0581	1	0	1
				SD Plan 0582	3	0	3

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				SD Plan 0583	1	0	1
				SD Plan 0584	3	0	3
Pioneer School District Total					**88**	**0**	**88**
Port Angeles School District	**No Benefits Offered - Certif**	No	**Yes**	SD Plan 0180	4	0	4
				SD Plan 0644	87	0	87
				SD Plan 0646	31	0	31
				SD Plan 0648	10	0	10
				SD Plan 0652	48	0	48
				SD Plan 0743	3	0	3
				SD Plan 3574	2	0	2
		Yes	**No**	SD Plan 0180	4	0	4
				SD Plan 0644	105	0	105
				SD Plan 0646	29	0	29
				SD Plan 0648	25	0	25
				SD Plan 0652	32	0	32
				SD Plan 0743	1	0	1
				SD Plan 2982	1	0	1
				SD Plan 3574	2	0	2
	NON-UNION	No	**Yes**	SD Plan 0644	1	0	1
	PAEA MEMBERS	No	**Yes**	SD Plan 0644	1	0	1
		Yes	**No**	SD Plan 0644	4	0	4
				SD Plan 0648	1	0	1
				SD Plan 0652	1	0	1
	PAEOP	No	**Yes**	SD Plan 0644	3	0	3
				SD Plan 0646	1	0	1
				SD Plan 0652	1	0	1
	PARAEDUCATORS	No	**Yes**	SD Plan 0644	1	0	1
				SD Plan 0744	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0648	1	0	1
	TEAMSTERS	No	**Yes**	SD Plan 0644	1	0	1
Port Angeles School District Total					**401**	**0**	**401**
Port Townsend School District	**NON-REPRESENTED**	No	**Yes**	SD Plan 0314	1	0	1

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				SD Plan 3848	3	0	3
				SD Plan 3849	4	2	6
				SD Plan 3851	2	3	5
				SD Plan 3852	2	1	3
	PTEA	No	**Yes**	SD Plan 3849	1	1	2
				SD Plan 3852	1	2	3
		Yes	**No**	SD Plan 3848	25	12	37
				SD Plan 3849	21	16	37
				SD Plan 3851	8	3	11
				SD Plan 3852	15	12	27
	SEIU	No	**Yes**	SD Plan 3848	25	7	32
				SD Plan 3849	10	1	11
				SD Plan 3851	6	0	6
				SD Plan 3852	11	3	14
Port Townsend School District Total					**135**	**63**	**198**
Prescott School District	**BUS**	No	**Yes**	SD Plan 0906	1	0	1
				SD Plan 0907	3	0	3
	CERT FULL-T MO.	Yes	**No**	SD Plan 0906	2	1	3
				SD Plan 0907	13	8	21
	CLASS FULL-T MO	No	**Yes**	SD Plan 0906	2	0	2
				SD Plan 0907	2	0	2
	FOOD SERVICE	No	**Yes**	SD Plan 0906	2	0	2
	PARA ED	No	**Yes**	SD Plan 0906	1	0	1
				SD Plan 0907	6	1	7
	PRINCIPAL	Yes	**No**	SD Plan 0906	1	0	1
	SECRETARY	No	**Yes**	SD Plan 0907	2	0	2
	SUPT	Yes	**No**	SD Plan 0907	1	2	3
Prescott School District Total					**36**	**12**	**48**
Prosser School District	**212 DAY ADMIN**	Yes	**No**	SD Plan 0084	8	33	41
	217 DAY ADMIN	Yes	**No**	SD Plan 2431	1	3	4
	BUSINESS MANAGE	No	**Yes**	SD Plan 0084	1	6	7
	CLASSIFIED	No	**Yes**	SD Plan 0084	28	79	107

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				SD Plan 0207	9	30	39
				SD Plan 0574	27	95	122
				SD Plan 2427	8	24	32
				SD Plan 2428	9	30	39
				SD Plan 2429	1	2	3
				SD Plan 2430	2	8	10
				SD Plan 2431	1	4	5
				SD Plan 4086	11	39	50
				SD Plan 4087	2	5	7
				SD Plan 4088	3	8	11
				SD Plan 4089	1	0	1
	CURRICULUM DIR.	Yes	**No**	SD Plan 0084	1	2	3
	DIST SUPPORT	No	**Yes**	SD Plan 0084	8	22	30
				SD Plan 0574	2	7	9
	SECRETARIAL	No	**Yes**	SD Plan 0084	3	11	14
				SD Plan 0207	1	2	3
				SD Plan 0574	4	16	20
				SD Plan 2419	1	2	3
				SD Plan 2427	1	5	6
				SD Plan 2431	1	5	6
				SD Plan 4087	1	3	4
	SUPERINTENDENT	Yes	**No**	SD Plan 0084	1	5	6
	TEACHERS	No	**Yes**	SD Plan 0084	2	9	11
		Yes	**No**	SD Plan 0084	83	227	310
				SD Plan 0207	2	9	11
				SD Plan 0574	32	112	144
				SD Plan 2427	17	55	72
				SD Plan 2428	4	11	15
				SD Plan 2429	4	15	19
				SD Plan 2431	5	23	28
				SD Plan 4086	2	3	5
				SD Plan 4089	14	30	44

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	UNREPRESENTED	No	**Yes**	SD Plan 0084	2	4	6
				SD Plan 0207	1	5	6
				SD Plan 0574	1	3	4
				SD Plan 2427	1	2	3
Prosser School District Total					**306**	**954**	**1,260**
Pullman School District	**CERTIFICATED**	Yes	**No**	SD Plan 0230	7	7	14
				SD Plan 0296	26	52	78
				SD Plan 0327	9	2	11
				SD Plan 0329	35	42	77
				SD Plan 0404	3	7	10
				SD Plan 0414	1	1	2
				SD Plan 0444	1	0	1
				SD Plan 0463	1	0	1
				SD Plan 0616	4	4	8
				SD Plan 0911	7	0	7
				SD Plan 1051	2	2	4
				SD Plan 2580	21	7	28
				SD Plan 2821	2	0	2
				SD Plan 3135	10	7	17
	CLASS CUSTODIAL	No	**Yes**	SD Plan 0230	1	0	1
				SD Plan 0296	3	6	9
				SD Plan 0327	3	2	5
				SD Plan 0434	1	0	1
				SD Plan 2580	1	1	2
				SD Plan 2821	2	0	2
				SD Plan 3135	2	6	8
	CLASS SECRETARY	No	**Yes**	SD Plan 0230	1	0	1
				SD Plan 0296	1	1	2
				SD Plan 0329	3	0	3
				SD Plan 2580	1	0	1
				SD Plan 3135	2	0	2
	CLASS/ADMIN/HRLY	No	**Yes**	SD Plan 0230	4	0	4

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				SD Plan 0296	13	14	27
				SD Plan 0327	10	1	11
				SD Plan 0329	13	13	26
				SD Plan 0404	8	11	19
				SD Plan 0414	1	0	1
				SD Plan 0444	1	0	1
				SD Plan 0463	4	0	4
				SD Plan 0616	2	3	5
				SD Plan 0911	2	0	2
				SD Plan 1051	1	0	1
				SD Plan 2580	6	0	6
				SD Plan 2821	4	1	5
				SD Plan 3135	5	1	6
		Yes	**No**	SD Plan 0296	1	3	4
				SD Plan 0327	1	0	1
				SD Plan 0329	3	7	10
				SD Plan 0616	1	1	2
				SD Plan 2580	2	3	5
				SD Plan 2821	1	0	1
				SD Plan 3135	1	0	1
Pullman School District Total					**234**	**205**	**439**
Puyallup School District	**Benefits Offered - Certificat**	Yes	**No**	SD Plan 0146	220	0	220
				SD Plan 0148	118	0	118
				SD Plan 0149	94	0	94
				SD Plan 0155	81	0	81
				SD Plan 0456	95	0	95
				SD Plan 0531	237	0	237
				SD Plan 0747	62	0	62
				SD Plan 0749	91	0	91
	Benefits Offered - Classifiec	No	**Yes**	SD Plan 0146	135	0	135
				SD Plan 0148	132	0	132
				SD Plan 0149	34	0	34

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				SD Plan 0155	81	0	81
				SD Plan 0456	71	0	71
				SD Plan 0531	172	0	172
				SD Plan 0747	17	0	17
				SD Plan 0749	17	0	17
Puyallup School District Total					**1,657**	**0**	**1,657**
Queets-Clearwater School District	**CERTIFICATED**	Yes	**No**	SD Plan 2940	1	1	2
				SD Plan 2942	1	0	1
				SD Plan 2943	2	0	2
				SD Plan 2944	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 2940	7	6	13
Queets-Clearwater School District Total					**12**	**7**	**19**
Quilcene School District	**EDUCATIONAL SUPPORT PE**	No	**Yes**	SD Plan 0648	6	0	6
				SD Plan 0649	1	0	1
				SD Plan 0743	1	0	1
				SD Plan 2959	1	0	1
	NON-REPRESENTED STAFF	No	**Yes**	SD Plan 0646	2	0	2
				SD Plan 0648	2	0	2
	QUILCENE EDUCATION ASS	No	**Yes**	SD Plan 0386	1	0	1
				SD Plan 0646	1	0	1
				SD Plan 0743	1	0	1
		Yes	**No**	SD Plan 0646	1	0	1
				SD Plan 0648	3	0	3
				SD Plan 0743	1	0	1
Quilcene School District Total					**21**	**0**	**21**
Quillayute Valley School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0644	4	0	4
	CLASS/NO UNION	No	**Yes**	SD Plan 0644	4	0	4
				SD Plan 0646	2	0	2
				SD Plan 0648	1	0	1
	FORKS ED ASSN	No	**Yes**	SD Plan 0180	1	0	1
				SD Plan 0644	4	0	4
				SD Plan 0646	3	0	3

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				SD Plan 0648	2	0	2
				SD Plan 0652	4	0	4
				SD Plan 0743	1	0	1
				SD Plan 2982	2	0	2
		Yes	**No**	SD Plan 0180	4	0	4
				SD Plan 0644	27	0	27
				SD Plan 0646	13	0	13
				SD Plan 0648	6	0	6
				SD Plan 0652	12	0	12
				SD Plan 0743	1	0	1
				SD Plan 2982	2	0	2
	PSE/FORKS (CLASS)	No	**Yes**	SD Plan 0180	3	0	3
				SD Plan 0644	22	0	22
				SD Plan 0646	18	0	18
				SD Plan 0648	8	0	8
				SD Plan 0652	4	0	4
				SD Plan 0744	4	0	4
				SD Plan 2982	4	0	4
	PSE/Q.V. (BUS DRS)	No	**Yes**	SD Plan 0180	1	0	1
				SD Plan 0644	1	0	1
				SD Plan 0646	3	0	3
				SD Plan 0652	2	0	2
				SD Plan 2982	1	0	1
Quillayute Valley School District Total					**164**	**0**	**164**
Quincy School District	**Administrative Assistants**	No	**Yes**	SD Plan 0219	3	0	3
				SD Plan 0514	1	0	1
				SD Plan 0516	3	0	3
				SD Plan 0517	3	0	3
	CERT EMPLOYEES	Yes	**No**	SD Plan 0218	13	0	13
				SD Plan 0219	10	0	10
				SD Plan 0220	2	0	2
				SD Plan 0514	30	0	30

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				SD Plan 0516	84	0	84
				SD Plan 0517	24	0	24
				SD Plan 0659	2	0	2
	CLASS EMPLOYEES	No	**Yes**	SD Plan 0218	20	0	20
				SD Plan 0219	17	0	17
				SD Plan 0220	2	0	2
				SD Plan 0514	5	0	5
				SD Plan 0516	39	0	39
				SD Plan 0517	30	0	30
				SD Plan 0659	3	0	3
				SD Plan 3471	1	0	1
		Yes	**No**	SD Plan 0219	1	0	1
				SD Plan 0516	1	0	1
				SD Plan 0517	1	0	1
Quincy School District Total					**295**	**0**	**295**
Rainier School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0428	1	0	1
		Yes	**No**	SD Plan 2219	1	0	1
	CLASS UNION	No	**Yes**	SD Plan 0428	1	0	1
				SD Plan 0572	8	0	8
				SD Plan 0604	1	0	1
				SD Plan 1553	9	1	10
				SD Plan 1560	2	0	2
				SD Plan 2216	3	0	3
				SD Plan 2217	3	0	3
				SD Plan 2219	1	0	1
	CLASS-NON UNION	No	**Yes**	SD Plan 0319	2	0	2
				SD Plan 0428	1	0	1
	TEACHERS	No	**Yes**	SD Plan 0319	1	0	1
				SD Plan 1553	2	0	2
		Yes	**No**	SD Plan 0428	11	0	11
				SD Plan 0572	19	0	19
				SD Plan 0604	6	0	6

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				SD Plan 1559	1	0	1
				SD Plan 1560	3	0	3
				SD Plan 2216	2	0	2
				SD Plan 2219	3	0	3
	TIM GARCHOW	Yes	**No**	SD Plan 2219	1	0	1
Rainier School District Total					**82**	**1**	**83**
Raymond School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 3985	1	0	1
				SD Plan 3986	1	0	1
		Yes	**No**	SD Plan 3962	1	0	1
				SD Plan 3985	1	0	1
				SD Plan 3986	1	0	1
	CERT. TEACHER	Yes	**No**	SD Plan 0256	1	0	1
				SD Plan 3962	1	0	1
				SD Plan 3985	16	0	16
				SD Plan 3986	19	0	19
	PSE Classified	No	**Yes**	SD Plan 0256	2	0	2
				SD Plan 3985	15	0	15
				SD Plan 3986	11	0	11
				SD Plan 3987	1	0	1
Raymond School District Total					**71**	**0**	**71**
Reardan-Edwall School District	**CERTIFICATED STAFF**	No	**Yes**	SD Plan 3720	1	0	1
		Yes	**No**	SD Plan 0020	6	0	6
				SD Plan 0021	1	0	1
				SD Plan 0023	1	0	1
				SD Plan 0024	1	0	1
				SD Plan 3701	19	0	19
				SD Plan 3706	8	0	8
	CLASSIFIED STAFF	No	**Yes**	SD Plan 0020	5	0	5
				SD Plan 0021	3	0	3
				SD Plan 0023	3	0	3
				SD Plan 0024	1	0	1
				SD Plan 3701	9	0	9

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				SD Plan 3706	2	0	2
				SD Plan 3713	1	0	1
				SD Plan 3719	2	0	2
Reardan-Edwall School District Total					**63**	**0**	**63**
Renton School District	**AFT**	No	**Yes**	SD Plan 0385	42	0	42
				SD Plan 0386	17	0	17
				SD Plan 0388	7	0	7
				SD Plan 0571	15	0	15
				SD Plan 2580	26	0	26
	ASST SUP	No	**Yes**	SD Plan 0385	1	0	1
				SD Plan 0388	1	0	1
	ASST SUP CERTIFICATED	Yes	**No**	SD Plan 0385	1	0	1
	CLASS MA	No	**Yes**	SD Plan 0385	8	0	8
				SD Plan 0388	1	0	1
				SD Plan 0571	7	0	7
				SD Plan 2580	1	0	1
	CONFIDTL	No	**Yes**	SD Plan 0385	4	0	4
				SD Plan 0386	2	0	2
				SD Plan 0388	1	0	1
				SD Plan 0571	2	0	2
				SD Plan 2580	2	0	2
	DIRECTOR	Yes	**No**	SD Plan 0385	6	0	6
				SD Plan 0386	1	0	1
				SD Plan 0571	1	0	1
				SD Plan 2580	1	0	1
	ECEAP	No	**Yes**	SD Plan 0571	5	0	5
	EXEC DIR	Yes	**No**	SD Plan 0385	3	0	3
				SD Plan 0388	1	0	1
				SD Plan 0571	1	0	1
	EXEC DIR CLASSIFIED	No	**Yes**	SD Plan 0386	2	0	2
				SD Plan 2580	1	0	1
	HEADSTAR	No	**Yes**	SD Plan 0385	2	0	2

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				SD Plan 0386	4	0	4
				SD Plan 0571	3	0	3
				SD Plan 2580	1	0	1
	PRINCIPA	Yes	**No**	SD Plan 0385	26	0	26
				SD Plan 0386	4	0	4
				SD Plan 0388	3	0	3
				SD Plan 0571	8	0	8
				SD Plan 2580	6	0	6
	PROF TEC	No	**Yes**	SD Plan 0385	23	0	23
				SD Plan 0386	19	0	19
				SD Plan 0388	4	0	4
				SD Plan 0571	9	0	9
				SD Plan 2580	7	0	7
	REA	Yes	**No**	SD Plan 0385	381	0	381
				SD Plan 0386	84	0	84
				SD Plan 0388	106	0	106
				SD Plan 0389	2	0	2
				SD Plan 0571	157	0	157
				SD Plan 2580	81	0	81
	RESP	No	**Yes**	SD Plan 0385	97	0	97
				SD Plan 0386	61	0	61
				SD Plan 0388	19	0	19
				SD Plan 0389	1	0	1
				SD Plan 0571	52	0	52
				SD Plan 2580	69	0	69
	SEIU	No	**Yes**	SD Plan 0385	29	0	29
				SD Plan 0386	6	0	6
				SD Plan 0388	6	0	6
				SD Plan 0571	20	0	20
				SD Plan 2580	9	0	9
	SUPT	Yes	**No**	SD Plan 0385	1	0	1
Renton School District Total					**1,460**	**0**	**1,460**

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Republic School District	**CERTIFICATED**	No	**Yes**	SD Plan 1584	7	1	8
		Yes	**No**	SD Plan 1582	3	9	12
				SD Plan 1584	13	14	27
	CLASSIFIED	No	**Yes**	SD Plan 1584	16	6	22
Republic School District Total					**39**	**30**	**69**
Richland School District	**CERTIFICATED**	Yes	**No**	SD Plan 0312	2	4	6
				SD Plan 0512	86	61	147
				SD Plan 0561	281	229	510
				SD Plan 0562	67	89	156
				SD Plan 3185	105	96	201
				SD Plan 3186	41	72	113
				SD Plan 3187	18	29	47
				SD Plan 3188	13	31	44
	CLASSIFIED	No	**Yes**	SD Plan 0312	2	0	2
				SD Plan 0512	67	23	90
				SD Plan 0561	151	61	212
				SD Plan 0562	43	53	96
				SD Plan 3185	42	13	55
				SD Plan 3186	57	72	129
				SD Plan 3187	36	46	82
				SD Plan 3188	23	14	37
Richland School District Total					**1,034**	**893**	**1,927**
Ridgefield School District	**ADMIN**	Yes	**No**	SD Plan 0018	1	0	1
	CERTIFIED	No	**Yes**	SD Plan 0105	2	0	2
				SD Plan 0251	4	0	4
				SD Plan 3990	1	0	1
		Yes	**No**	SD Plan 0017	7	0	7
				SD Plan 0018	4	0	4
				SD Plan 0019	1	0	1
				SD Plan 0105	21	0	21
				SD Plan 0251	45	0	45
				SD Plan 0416	4	0	4

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	CLASSIFIED	No	**Yes**	SD Plan 0017	2	0	2
				SD Plan 0018	2	0	2
				SD Plan 0105	4	0	4
				SD Plan 0251	14	0	14
				SD Plan 3991	4	0	4
	EXEMPT	No	**Yes**	SD Plan 0017	2	0	2
				SD Plan 0251	4	0	4
Ridgefield School District Total					**122**	**0**	**122**
Ritzville School District	**CERTIFICATED**	Yes	**No**	SD Plan 2383	20	0	20
	CLASSIFIED	No	**Yes**	SD Plan 2383	17	0	17
	SUB CLASSIFIED	No	**Yes**	SD Plan 2383	1	0	1
Ritzville School District Total					**38**	**0**	**38**
Riverside School District	**CERTIFICATED**	No	**Yes**	SD Plan 3314	1	3	4
		Yes	**No**	SD Plan 2234	4	0	4
				SD Plan 2235	11	8	19
				SD Plan 2237	2	0	2
				SD Plan 2238	1	0	1
				SD Plan 3270	14	10	24
				SD Plan 3312	24	21	45
				SD Plan 3313	6	4	10
				SD Plan 3314	39	18	57
	CLASSIFIED	No	**Yes**	SD Plan 2235	2	0	2
				SD Plan 2237	1	0	1
				SD Plan 2238	1	0	1
				SD Plan 3270	14	13	27
				SD Plan 3312	17	4	21
				SD Plan 3313	7	0	7
				SD Plan 3314	16	5	21
Riverside School District Total					**160**	**86**	**246**
Riverview School District	**ADMIN(Class)/CLASS EXEM**	No	**Yes**	SD Plan 0750	9	0	9
				SD Plan 0751	2	0	2
	ADMIN/CLASS EXEMPT	Yes	**No**	SD Plan 0743	1	0	1

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				SD Plan 0745	2	0	2
				SD Plan 0750	7	0	7
				SD Plan 0751	2	0	2
				SD Plan 0755	1	0	1
				SD Plan 0756	2	0	2
	PSE MEMBERS	No	**Yes**	SD Plan 0743	5	0	5
				SD Plan 0744	3	0	3
				SD Plan 0745	9	0	9
				SD Plan 0750	41	0	41
				SD Plan 0751	22	0	22
				SD Plan 0754	2	0	2
				SD Plan 0755	12	0	12
				SD Plan 0756	8	0	8
				SD Plan 3666	3	0	3
	REA MEMBERS	Yes	**No**	SD Plan 0743	5	0	5
				SD Plan 0744	9	0	9
				SD Plan 0745	7	0	7
				SD Plan 0750	79	0	79
				SD Plan 0751	34	0	34
				SD Plan 0752	1	0	1
				SD Plan 0754	2	0	2
				SD Plan 0755	13	0	13
				SD Plan 0756	7	0	7
				SD Plan 3666	1	0	1
Riverview School District Total					**289**	**0**	**289**
Rochester School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 0333	3	0	3
				SD Plan 1934	4	0	4
				SD Plan 1935	1	0	1
				SD Plan 1936	1	0	1
				SD Plan 1938	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 0333	25	0	25
				SD Plan 1934	46	0	46

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1935	11	0	11
				SD Plan 1936	11	0	11
				SD Plan 1937	17	0	17
				SD Plan 1938	8	0	8
				SD Plan 1939	2	0	2
				SD Plan 1940	2	0	2
	CLASSIFIED UNION	No	**Yes**	SD Plan 0333	13	0	13
				SD Plan 1934	21	0	21
				SD Plan 1935	5	0	5
				SD Plan 1936	3	0	3
				SD Plan 1937	11	0	11
				SD Plan 1938	7	0	7
	DISTRICT OFFICE	No	**Yes**	SD Plan 1934	2	0	2
				SD Plan 1935	3	0	3
				SD Plan 1936	1	0	1
				SD Plan 1937	2	0	2
	TEAMSTERS	No	**Yes**	SD Plan 1934	2	0	2
				SD Plan 1936	7	0	7
				SD Plan 1937	2	0	2
				SD Plan 1938	1	0	1
				SD Plan 1940	1	0	1
Rochester School District Total					**213**	**0**	**213**
Roosevelt School District	**CERTS**	Yes	**No**	SD Plan 1915	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 1915	4	0	4
Roosevelt School District Total					**6**	**0**	**6**
Rosalia School District	**CERT TEACHERS**	No	**Yes**	SD Plan 3863	1	0	1
		Yes	**No**	SD Plan 3329	5	0	5
				SD Plan 3863	14	0	14
	Class Admin	No	**Yes**	SD Plan 3863	3	0	3
	CLASS HOURLY	No	**Yes**	SD Plan 3863	13	0	13
Rosalia School District Total					**36**	**0**	**36**
Royal School District	**ADMIN**	Yes	**No**	SD Plan 4144	1	0	1

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				SD Plan 4145	2	0	2
				SD Plan 4146	3	2	5
				SD Plan 4148	2	2	4
	Cert. Bus. Mgr.	Yes	**No**	SD Plan 4144	1	0	1
	CLASS 3.5 HR	No	**Yes**	SD Plan 4148	1	0	1
	CLASS EXEMPT	No	**Yes**	SD Plan 4148	1	0	1
	CLASS FULLTIME	No	**Yes**	SD Plan 4144	34	16	50
				SD Plan 4145	17	14	31
				SD Plan 4146	15	7	22
				SD Plan 4148	26	27	53
	TEACHER	Yes	**No**	SD Plan 4144	33	32	65
				SD Plan 4145	14	19	33
				SD Plan 4146	13	9	22
				SD Plan 4148	22	34	56
				SD Plan 4153	2	9	11
Royal School District Total					**187**	**171**	**358**
San Juan Island School District	**ADMIN CERTIFICATED**	Yes	**No**	SD Plan 0501	1	0	1
				SD Plan 0581	2	0	2
				SD Plan 0582	1	0	1
	ADMIN CLASSIFIED	No	**Yes**	SD Plan 0581	5	0	5
				SD Plan 0585	1	0	1
	PSE	No	**Yes**	SD Plan 0500	1	0	1
				SD Plan 0501	2	0	2
				SD Plan 0579	3	0	3
				SD Plan 0581	17	0	17
				SD Plan 0582	8	0	8
				SD Plan 0585	2	0	2
	SJEA	No	**Yes**	SD Plan 0501	1	0	1
		Yes	**No**	SD Plan 0500	2	0	2
				SD Plan 0501	5	0	5
				SD Plan 0578	5	0	5
				SD Plan 0579	3	0	3

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				SD Plan 0581	16	0	16
				SD Plan 0582	9	0	9
				SD Plan 0585	4	0	4
San Juan Island School District Total					**88**	**0**	**88**
Satsop School District	**POOLING**	No	**Yes**	SD Plan 3511	1	0	1
				SD Plan 3526	2	0	2
		Yes	**No**	SD Plan 3526	3	2	5
Satsop School District Total					**6**	**2**	**8**
Seattle Public Schools	**CERTIFICATED**	Yes	**No**	SD Plan 1475	243	366	609
				SD Plan 1476	959	566	1,525
				SD Plan 1477	388	435	823
				SD Plan 1478	123	164	287
				SD Plan 1479	902	534	1,436
				SD Plan 1480	115	133	248
				SD Plan 1481	672	295	967
	CLASSIFIED	No	**Yes**	SD Plan 1475	145	231	376
				SD Plan 1476	624	334	958
				SD Plan 1477	204	182	386
				SD Plan 1478	71	71	142
				SD Plan 1479	505	272	777
				SD Plan 1480	72	68	140
				SD Plan 1481	373	121	494
Seattle Public Schools Total					**5,396**	**3,772**	**9,168**
Sedro-Woolley School District	**CERT ADMIN POOL**	Yes	**No**	SD Plan 3091	2	0	2
				SD Plan 3092	4	0	4
				SD Plan 3095	1	0	1
				SD Plan 3101	11	0	11
				SD Plan 3486	1	0	1
	CERT EXEMPT POOL	No	**Yes**	SD Plan 4033	1	0	1
		Yes	**No**	SD Plan 4033	1	0	1
	CERT POOL	No	**Yes**	SD Plan 3340	2	0	2
				SD Plan 3342	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 4004	1	0	1
				SD Plan 4006	1	0	1
				SD Plan 4009	1	0	1
				SD Plan 4031	9	0	9
				SD Plan 4033	7	0	7
				SD Plan 4037	5	0	5
				SD Plan 4038	1	0	1
		Yes	**No**	SD Plan 3340	3	0	3
				SD Plan 3342	16	0	16
				SD Plan 4003	2	0	2
				SD Plan 4004	11	0	11
				SD Plan 4006	7	0	7
				SD Plan 4008	3	0	3
				SD Plan 4010	6	0	6
				SD Plan 4030	1	0	1
				SD Plan 4031	62	0	62
				SD Plan 4032	1	0	1
				SD Plan 4033	36	0	36
				SD Plan 4035	13	0	13
				SD Plan 4036	2	0	2
				SD Plan 4037	44	0	44
				SD Plan 4039	5	0	5
	CL ADMIN POOL	No	**Yes**	SD Plan 3082	1	0	1
				SD Plan 3092	1	0	1
				SD Plan 3095	4	0	4
				SD Plan 3101	5	0	5
	CLASSFD EXEMPT POOL	No	**Yes**	SD Plan 4008	1	0	1
				SD Plan 4031	1	0	1
				SD Plan 4037	1	0	1
				SD Plan 4039	1	0	1
	PSE POOL	No	**Yes**	SD Plan 3342	4	0	4
				SD Plan 4004	8	0	8

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				SD Plan 4006	5	0	5
				SD Plan 4008	2	0	2
				SD Plan 4010	5	0	5
				SD Plan 4030	1	0	1
				SD Plan 4031	27	0	27
				SD Plan 4033	18	0	18
				SD Plan 4035	18	0	18
				SD Plan 4037	51	0	51
				SD Plan 4038	1	0	1
				SD Plan 4039	9	0	9
		Yes	**No**	SD Plan 4037	1	0	1
	SEC POOL	No	**Yes**	SD Plan 4004	1	0	1
				SD Plan 4008	2	0	2
				SD Plan 4010	1	0	1
				SD Plan 4031	9	0	9
				SD Plan 4033	2	0	2
				SD Plan 4035	7	0	7
				SD Plan 4037	7	0	7
Sedro-Woolley School District Total					**455**	**0**	**455**
Selah School District	**.572 FTE**	Yes	**No**	SD Plan 1636	1	3	4
	0.729	Yes	**No**	SD Plan 3787	1	2	3
	197X6.25	No	**Yes**	SD Plan 1641	1	1	2
	197X6.75	No	**Yes**	SD Plan 0571	1	0	1
	197X8	No	**Yes**	SD Plan 1633	1	0	1
	205X7.0 COTA	No	**Yes**	SD Plan 1641	1	1	2
				SD Plan 1650	1	0	1
				SD Plan 1668	1	0	1
	2X7.50SSPSecuri	No	**Yes**	SD Plan 1650	1	0	1
	2X7SLPA'S SSP	No	**Yes**	SD Plan 1650	1	0	1
	2x8 BHSSP	No	**Yes**	SD Plan 1634	1	0	1
	4.5 hrs/day	No	**Yes**	SD Plan 1650	1	0	1
	4.75 X 197	No	**Yes**	SD Plan 1638	1	0	1

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	5.0 hrs/day	No	**Yes**	SD Plan 1633	3	0	3
				SD Plan 1634	1	0	1
				SD Plan 1637	1	0	1
				SD Plan 1638	1	0	1
				SD Plan 1650	1	0	1
	5.25 hrs/day	No	**Yes**	SD Plan 0604	1	0	1
				SD Plan 1633	1	0	1
	50%	Yes	**No**	SD Plan 1635	1	1	2
				SD Plan 1640	1	1	2
				SD Plan 1674	1	2	3
	5X197	No	**Yes**	SD Plan 1633	1	0	1
	6.25 hrs/day	No	**Yes**	SD Plan 1633	1	0	1
	6.25X197	No	**Yes**	SD Plan 1633	1	0	1
				SD Plan 1640	1	0	1
				SD Plan 1668	1	0	1
	6.25X205	No	**Yes**	SD Plan 1660	1	0	1
	6.5 x 190	No	**Yes**	SD Plan 1633	1	0	1
	6.5X190	No	**Yes**	SD Plan 1633	2	0	2
				SD Plan 1662	1	0	1
	6.75X205	No	**Yes**	SD Plan 1650	1	0	1
	60%	Yes	**No**	SD Plan 1633	1	0	1
				SD Plan 1645	1	2	3
	6X190	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0571	1	0	1
				SD Plan 1633	10	0	10
				SD Plan 1634	1	3	4
				SD Plan 1636	1	3	4
				SD Plan 1637	1	0	1
				SD Plan 1638	1	0	1
				SD Plan 1642	1	0	1
				SD Plan 1644	1	0	1
				SD Plan 1650	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1666	1	1	2
				SD Plan 1668	1	0	1
	6X201	No	**Yes**	SD Plan 1633	2	0	2
	6X205	No	**Yes**	SD Plan 0571	1	0	1
				SD Plan 0604	1	0	1
				SD Plan 1633	1	0	1
				SD Plan 1638	1	0	1
				SD Plan 1650	6	0	6
				SD Plan 1652	1	0	1
				SD Plan 1662	5	0	5
				SD Plan 1664	1	4	5
				SD Plan 1666	2	0	2
				SD Plan 1675	1	0	1
				SD Plan 1676	1	0	1
	7.0 hrs/day	No	**Yes**	SD Plan 1634	1	1	2
				SD Plan 1666	1	1	2
	7.5 X 205	No	**Yes**	SD Plan 1662	1	0	1
	7.75X190	No	**Yes**	SD Plan 1679	1	0	1
	70%	Yes	**No**	SD Plan 1640	1	4	5
	7X197	No	**Yes**	SD Plan 1633	1	0	1
				SD Plan 1636	1	4	5
				SD Plan 1675	2	0	2
	7X201	No	**Yes**	SD Plan 1662	2	0	2
	7X205	No	**Yes**	SD Plan 1650	1	0	1
	8.0 hrs/day	No	**Yes**	SD Plan 1660	1	0	1
				SD Plan 1666	1	0	1
	8x201SSP	No	**Yes**	SD Plan 1634	2	3	5
				SD Plan 1668	1	0	1
	8X260	No	**Yes**	SD Plan 0571	1	0	1
				SD Plan 0604	1	0	1
				SD Plan 1633	2	0	2
				SD Plan 1634	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1635	1	2	3
				SD Plan 1650	4	0	4
				SD Plan 1654	1	7	8
				SD Plan 1662	3	0	3
				SD Plan 1676	1	0	1
				SD Plan 1678	1	0	1
	8X260 SSP	No	**Yes**	SD Plan 0604	1	1	2
				SD Plan 0619	1	0	1
				SD Plan 1633	2	0	2
				SD Plan 1634	1	5	6
				SD Plan 1636	1	1	2
				SD Plan 1644	1	0	1
				SD Plan 1650	1	0	1
				SD Plan 1662	3	0	3
				SD Plan 1666	1	0	1
				SD Plan 1668	3	0	3
				SD Plan 1670	1	2	3
	ASST SUPT	Yes	**No**	SD Plan 1634	1	3	4
				SD Plan 1662	1	0	1
	ATHLETICDIRECTO	Yes	**No**	SD Plan 1673	1	1	2
	CNX4HRS	No	**Yes**	SD Plan 1667	1	2	3
				SD Plan 1670	1	4	5
	DIRECTOR-FED$	Yes	**No**	SD Plan 0604	1	0	1
	DON	No	**Yes**	SD Plan 1668	1	0	1
	GREG & DEBHEIDE	No	**Yes**	SD Plan 1645	1	1	2
				SD Plan 1670	1	2	3
	PRIN/DEAN OF ST	Yes	**No**	SD Plan 1650	1	0	1
				SD Plan 1670	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0619	1	4	5
				SD Plan 1654	1	4	5
				SD Plan 1662	3	0	3
				SD Plan 1664	2	8	10

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1667	1	3	4
				SD Plan 3265	1	0	1
	SEC 11+ 8.0X193	No	**Yes**	SD Plan 1634	1	3	4
	SEC 11+ 8X200	No	**Yes**	SD Plan 0571	1	0	1
				SD Plan 1652	1	1	2
	SEC 11+ 8X210	No	**Yes**	SD Plan 1650	1	0	1
				SD Plan 1662	2	0	2
	SEC 11+7x210	No	**Yes**	SD Plan 1662	1	0	1
	SEC 1-7 8X193	No	**Yes**	SD Plan 1662	1	0	1
	SEC 1-7 8X200	No	**Yes**	SD Plan 1634	1	2	3
				SD Plan 1641	1	0	1
				SD Plan 1662	1	0	1
	SEC 1-7 8X216	No	**Yes**	SD Plan 1662	1	0	1
	SEC 8-10 8X210	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 1650	1	0	1
	SEC 8-10 8X216	No	**Yes**	SD Plan 1650	1	0	1
	SUPT MEDICAL	Yes	**No**	SD Plan 1680	1	2	3
	TEACHERS	Yes	**No**	SD Plan 0219	2	0	2
				SD Plan 0333	1	2	3
				SD Plan 0571	3	0	3
				SD Plan 0604	4	3	7
				SD Plan 0619	2	2	4
				SD Plan 1633	3	0	3
				SD Plan 1634	14	28	42
				SD Plan 1635	3	3	6
				SD Plan 1636	2	6	8
				SD Plan 1638	4	0	4
				SD Plan 1640	11	17	28
				SD Plan 1641	4	3	7
				SD Plan 1645	1	4	5
				SD Plan 1646	1	1	2
				SD Plan 1650	8	0	8

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1652	9	15	24
				SD Plan 1654	2	2	4
				SD Plan 1660	9	0	9
				SD Plan 1662	22	0	22
				SD Plan 1663	1	0	1
				SD Plan 1664	25	49	74
				SD Plan 1665	2	2	4
				SD Plan 1666	4	2	6
				SD Plan 1667	5	15	20
				SD Plan 1668	20	0	20
				SD Plan 1669	7	0	7
				SD Plan 1670	8	18	26
				SD Plan 1674	1	0	1
				SD Plan 1675	2	0	2
				SD Plan 1676	3	0	3
				SD Plan 1679	2	2	4
				SD Plan 1680	3	4	7
				SD Plan 3787	1	2	3
Selah School District Total					**356**	**277**	**633**
Selkirk School District	**DIST OFFICE**	No	**Yes**	SD Plan 1709	1	0	1
				SD Plan 1710	1	0	1
		Yes	**No**	SD Plan 1709	1	2	3
				SD Plan 1713	1	3	4
	PSE Group	No	**Yes**	SD Plan 1706	1	1	2
				SD Plan 1709	2	1	3
				SD Plan 1712	3	12	15
				SD Plan 1713	1	0	1
	SEA Group	Yes	**No**	SD Plan 1704	2	2	4
				SD Plan 1705	1	1	2
				SD Plan 1707	1	4	5
				SD Plan 1709	7	8	15
				SD Plan 1710	1	0	1

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				SD Plan 1712	5	16	21
				SD Plan 1713	2	9	11
Selkirk School District Total					**30**	**59**	**89**
Sequim School District	**1M**	No	**Yes**	SD Plan 0644	4	0	4
				SD Plan 0646	5	0	5
				SD Plan 0648	1	0	1
				SD Plan 0652	7	0	7
		Yes	**No**	SD Plan 0644	38	0	38
				SD Plan 0646	48	0	48
				SD Plan 0648	11	0	11
				SD Plan 0652	36	0	36
				SD Plan 0743	1	0	1
				SD Plan 1792	7	0	7
	1MA	Yes	**No**	SD Plan 0644	7	0	7
				SD Plan 0646	1	0	1
				SD Plan 0648	1	0	1
	1MAS	Yes	**No**	SD Plan 0644	1	0	1
	2M	No	**Yes**	SD Plan 0644	2	0	2
				SD Plan 0646	1	0	1
				SD Plan 0652	1	0	1
	2MA	No	**Yes**	SD Plan 0180	1	0	1
				SD Plan 0644	1	0	1
				SD Plan 0646	3	0	3
				SD Plan 0648	2	0	2
				SD Plan 0652	3	0	3
				SD Plan 1792	3	0	3
	2MC	No	**Yes**	SD Plan 1801	18	0	18
	2MEA	No	**Yes**	SD Plan 0180	1	0	1
				SD Plan 0644	6	0	6
				SD Plan 0646	3	0	3
				SD Plan 0648	3	0	3
				SD Plan 0652	20	0	20

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0743	1	0	1
				SD Plan 1792	2	0	2
	2MS	No	**Yes**	SD Plan 0644	2	0	2
				SD Plan 0646	4	0	4
				SD Plan 0652	6	0	6
				SD Plan 1792	1	0	1
	2MT	No	**Yes**	SD Plan 0644	2	0	2
				SD Plan 0646	3	0	3
				SD Plan 0648	4	0	4
				SD Plan 0652	6	0	6
				SD Plan 1792	1	0	1
Sequim School District Total					**268**	**0**	**268**
Shaw Island School District	**CERTIFIED**	Yes	**No**	SD Plan 1782	1	1	2
				SD Plan 2404	2	2	4
	CLASSIFIED	No	**Yes**	SD Plan 1778	2	0	2
Shaw Island School District Total					**5**	**3**	**8**
Shelton School District	**BUS DRIVER**	No	**Yes**	SD Plan 0523	1	0	1
				SD Plan 0524	2	1	3
				SD Plan 0526	1	0	1
				SD Plan 0529	1	0	1
				SD Plan 0530	6	3	9
				SD Plan 0532	5	11	16
				SD Plan 0571	5	1	6
				SD Plan 3002	2	2	4
	BUS MECHANIC	No	**Yes**	SD Plan 0523	1	0	1
				SD Plan 0530	1	2	3
				SD Plan 3002	1	1	2
	Cert Admin	Yes	**No**	SD Plan 0523	7	8	15
				SD Plan 0526	2	0	2
				SD Plan 0571	4	0	4
				SD Plan 3002	1	2	3
	ESP GROUP	No	**Yes**	SD Plan 0523	16	5	21

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				SD Plan 0524	11	2	13
				SD Plan 0526	4	4	8
				SD Plan 0529	9	2	11
				SD Plan 0530	21	6	27
				SD Plan 0531	14	11	25
				SD Plan 0532	11	8	19
				SD Plan 0571	17	10	27
				SD Plan 3002	40	21	61
	FULL-TIME TEACH	No	**Yes**	SD Plan 0523	22	6	28
				SD Plan 0524	8	13	21
				SD Plan 0526	2	1	3
				SD Plan 0571	13	12	25
				SD Plan 3002	6	15	21
		Yes	**No**	SD Plan 0523	89	41	130
				SD Plan 0524	35	43	78
				SD Plan 0526	14	8	22
				SD Plan 0571	39	23	62
				SD Plan 3002	30	60	90
	NON REP	No	**Yes**	SD Plan 0523	9	7	16
				SD Plan 0524	10	7	17
				SD Plan 0571	1	0	1
				SD Plan 3002	5	10	15
		Yes	**No**	SD Plan 0523	2	3	5
	SECRETARY	No	**Yes**	SD Plan 0523	4	0	4
				SD Plan 0524	9	5	14
				SD Plan 0529	1	0	1
				SD Plan 0530	2	0	2
				SD Plan 0531	2	0	2
				SD Plan 0571	8	3	11
				SD Plan 3002	5	3	8
Shelton School District Total					**499**	**360**	**859**
Shoreline School District	**CC**	No	**Yes**	SD Plan 0623	6	0	6

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				SD Plan 2031	6	0	6
				SD Plan 2032	3	0	3
				SD Plan 2193	6	0	6
				SD Plan 2817	7	0	7
	CON	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 2193	2	0	2
				SD Plan 2817	1	0	1
	CUS	No	**Yes**	SD Plan 0623	5	0	5
				SD Plan 2031	1	0	1
				SD Plan 2032	2	0	2
				SD Plan 2193	4	0	4
				SD Plan 2751	2	0	2
				SD Plan 2817	23	0	23
				SD Plan 2820	4	0	4
	FS	No	**Yes**	SD Plan 2031	3	0	3
				SD Plan 2032	3	0	3
				SD Plan 2193	1	0	1
				SD Plan 2817	6	0	6
				SD Plan 2820	3	0	3
	IAM	No	**Yes**	SD Plan 0623	2	0	2
				SD Plan 2817	1	0	1
	KCT	No	**Yes**	SD Plan 0623	5	0	5
				SD Plan 2031	1	0	1
				SD Plan 2193	1	0	1
				SD Plan 2817	10	0	10
				SD Plan 2820	2	0	2
	NON REP	No	**Yes**	SD Plan 0623	5	0	5
				SD Plan 2031	4	0	4
				SD Plan 2032	1	0	1
				SD Plan 2193	2	0	2
				SD Plan 2817	4	0	4
				SD Plan 2820	2	0	2

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	PFT	No	**Yes**	SD Plan 0623	1	0	1
				SD Plan 2031	1	0	1
				SD Plan 2193	3	0	3
				SD Plan 2817	3	0	3
				SD Plan 2820	1	0	1
	SCA/PA	No	**Yes**	SD Plan 2031	1	0	1
				SD Plan 2193	3	0	3
		Yes	**No**	SD Plan 0623	4	0	4
				SD Plan 2031	3	0	3
				SD Plan 2032	1	0	1
				SD Plan 2193	6	0	6
				SD Plan 2817	10	0	10
				SD Plan 2820	5	0	5
	SEA	Yes	**No**	SD Plan 0511	4	0	4
				SD Plan 0623	68	0	68
				SD Plan 2031	39	0	39
				SD Plan 2032	24	0	24
				SD Plan 2193	65	0	65
				SD Plan 2751	10	0	10
				SD Plan 2817	195	0	195
				SD Plan 2820	43	0	43
	SES	No	**Yes**	SD Plan 0511	1	0	1
				SD Plan 0623	37	0	37
				SD Plan 2031	30	0	30
				SD Plan 2032	16	0	16
				SD Plan 2193	22	0	22
				SD Plan 2751	4	0	4
				SD Plan 2817	74	0	74
				SD Plan 2820	18	0	18
		Yes	**No**	SD Plan 2031	1	0	1
	SUP	Yes	**No**	SD Plan 2817	1	0	1
	TRN	No	**Yes**	SD Plan 0623	5	0	5

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				SD Plan 2031	4	0	4
				SD Plan 2032	1	0	1
				SD Plan 2193	6	0	6
				SD Plan 2817	8	0	8
				SD Plan 2820	3	0	3
Shoreline School District Total					**850**	**0**	**850**
Skamania School District	**CERTIFICATED STAFF**	Yes	**No**	SD Plan 0194	1	0	1
				SD Plan 1623	3	3	6
				SD Plan 1625	1	0	1
	CLASSIFIED STAFF	No	**Yes**	SD Plan 1623	2	0	2
				SD Plan 1625	3	4	7
				SD Plan 3361	2	0	2
Skamania School District Total					**12**	**7**	**19**
Skykomish School District	**BUSINESS MGR**	No	**Yes**	SD Plan 0292	1	0	1
	CLASS. FULL	No	**Yes**	SD Plan 0292	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 0292	4	0	4
	SUPERINTENDENT	Yes	**No**	SD Plan 0292	1	0	1
	TEACHER	Yes	**No**	SD Plan 0292	9	0	9
Skykomish School District Total					**17**	**0**	**17**
Snohomish School District	**CERT ASST DIR.**	Yes	**No**	SD Plan 0749	1	0	1
	CERT DIRECTOR	Yes	**No**	SD Plan 0747	1	0	1
				SD Plan 0749	1	0	1
	CERT/CLASS MIX	No	**Yes**	SD Plan 0746	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 0547	1	0	1
				SD Plan 0571	22	0	22
				SD Plan 0746	307	0	307
				SD Plan 0747	51	0	51
				SD Plan 0748	33	0	33
				SD Plan 0749	61	0	61
	CLASS ASST DIR.	No	**Yes**	SD Plan 0748	1	0	1
	CLASS DIRECTOR	No	**Yes**	SD Plan 0747	1	0	1
	CLS NONREP ADM	No	**Yes**	SD Plan 0747	2	0	2

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	CRT NONREP ADM	Yes	**No**	SD Plan 0571	1	0	1
				SD Plan 0746	2	0	2
				SD Plan 0748	1	0	1
				SD Plan 0749	1	0	1
	NON-REP	No	**Yes**	SD Plan 0746	2	0	2
				SD Plan 0747	2	0	2
				SD Plan 0748	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 0746	10	0	10
				SD Plan 0747	6	0	6
				SD Plan 0748	2	0	2
				SD Plan 0749	3	0	3
	PSE	No	**Yes**	SD Plan 0547	2	0	2
				SD Plan 0571	7	0	7
				SD Plan 0746	116	0	116
				SD Plan 0747	84	0	84
				SD Plan 0748	52	0	52
				SD Plan 0749	66	0	66
	SUPERVISORS	No	**Yes**	SD Plan 0746	2	0	2
				SD Plan 0747	1	0	1
				SD Plan 0748	1	0	1
				SD Plan 0749	1	0	1
Snohomish School District Total					**846**	**0**	**846**
Snoqualmie Valley School District	**NON REP**	No	**Yes**	SD Plan 0644	1	0	1
				SD Plan 0646	3	0	3
				SD Plan 0652	7	0	7
				SD Plan 3209	1	0	1
				SD Plan 3299	1	0	1
				SD Plan 3316	3	0	3
		Yes	**No**	SD Plan 0646	2	0	2
				SD Plan 0652	2	0	2
	PRINCIPALS	No	**Yes**	SD Plan 3209	1	0	1
		Yes	**No**	SD Plan 0644	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0646	6	0	6
				SD Plan 0652	4	0	4
				SD Plan 3316	2	0	2
	PSE	No	**Yes**	SD Plan 0644	32	0	32
				SD Plan 0646	13	0	13
				SD Plan 0652	20	0	20
				SD Plan 1573	2	0	2
				SD Plan 3209	14	0	14
				SD Plan 3299	8	0	8
				SD Plan 3316	44	0	44
		Yes	**No**	SD Plan 0652	1	0	1
	SEA	No	**Yes**	SD Plan 0644	13	0	13
				SD Plan 0646	18	0	18
				SD Plan 0652	14	0	14
				SD Plan 1573	2	0	2
				SD Plan 3209	3	0	3
				SD Plan 3299	4	0	4
				SD Plan 3316	27	0	27
		Yes	**No**	SD Plan 0644	40	0	40
				SD Plan 0646	43	0	43
				SD Plan 0652	45	0	45
				SD Plan 1573	4	0	4
				SD Plan 3209	26	0	26
				SD Plan 3299	14	0	14
				SD Plan 3316	56	0	56
	SECRETARIES	No	**Yes**	SD Plan 0644	6	0	6
				SD Plan 0646	4	0	4
				SD Plan 0652	6	0	6
				SD Plan 1573	1	0	1
				SD Plan 3299	1	0	1
				SD Plan 3316	6	0	6
Snoqualmie Valley School District Total					**502**	**0**	**502**

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Soap Lake School District	**ADMIN**	No	**Yes**	SD Plan 0516	1	0	1
	ADMINISTRATION	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 2525	1	0	1
	ADMINISTRATORS	Yes	**No**	SD Plan 0219	1	0	1
				SD Plan 0220	1	0	1
	CERTIFICATED	Yes	**No**	SD Plan 0218	5	0	5
				SD Plan 0219	2	0	2
				SD Plan 0220	3	0	3
				SD Plan 0516	11	0	11
				SD Plan 0517	2	0	2
				SD Plan 2525	8	0	8
	CLASSIFIED	No	**Yes**	SD Plan 0218	4	0	4
				SD Plan 0220	1	0	1
				SD Plan 0516	6	0	6
				SD Plan 0517	3	0	3
				SD Plan 2525	8	0	8
	SUPERINTENDENT	Yes	**No**	SD Plan 2525	1	0	1
Soap Lake School District Total					**59**	**0**	**59**
South Bend School District	**CERTIFICATED STAFF**	No	**Yes**	SD Plan 3504	1	0	1
				SD Plan 3526	5	0	5
				SD Plan 3536	1	0	1
		Yes	**No**	SD Plan 3504	1	0	1
				SD Plan 3526	9	0	9
				SD Plan 3532	4	0	4
				SD Plan 3536	1	0	1
	CLASSIFIED STAFF	No	**Yes**	SD Plan 3504	4	0	4
				SD Plan 3526	15	0	15
				SD Plan 3532	6	0	6
				SD Plan 3536	3	0	3
	NON REPRESENTED	No	**Yes**	SD Plan 3526	2	0	2
				SD Plan 3536	1	0	1
		Yes	**No**	SD Plan 3526	1	0	1

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				SD Plan 3536	1	0	1
South Bend School District Total					**55**	**0**	**55**
South Kitsap School District	**CERT**	No	**Yes**	SD Plan 0115	2	0	2
				SD Plan 0482	4	0	4
				SD Plan 0523	6	0	6
				SD Plan 0524	15	0	15
				SD Plan 0525	6	0	6
				SD Plan 0526	6	0	6
				SD Plan 0527	4	0	4
				SD Plan 0743	9	0	9
		Yes	**No**	SD Plan 0115	20	0	20
				SD Plan 0482	42	0	42
				SD Plan 0523	53	0	53
				SD Plan 0524	64	0	64
				SD Plan 0525	83	0	83
				SD Plan 0526	57	0	57
				SD Plan 0527	67	0	67
				SD Plan 0743	65	0	65
	CLASS	No	**Yes**	SD Plan 0115	10	0	10
				SD Plan 0482	26	0	26
				SD Plan 0523	24	0	24
				SD Plan 0524	34	0	34
				SD Plan 0525	58	0	58
				SD Plan 0526	53	0	53
				SD Plan 0527	64	0	64
				SD Plan 0743	50	0	50
		Yes	**No**	SD Plan 0482	1	0	1
South Kitsap School District Total					**823**	**0**	**823**
South Whidbey School District	**ASST SUPT**	No	**Yes**	SD Plan 1824	1	0	1
	DIRECTOR NONREP	Yes	**No**	SD Plan 0109	1	0	1
				SD Plan 2396	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 0109	1	0	1

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				SD Plan 1824	2	0	2
				SD Plan 2396	2	0	2
				SD Plan 2515	2	0	2
	Maintenance	No	**Yes**	SD Plan 0109	5	0	5
				SD Plan 1822	1	0	1
				SD Plan 1824	1	0	1
				SD Plan 1829	2	0	2
				SD Plan 2515	2	0	2
	NON REPRESENTED	No	**Yes**	SD Plan 0109	3	0	3
				SD Plan 1824	1	0	1
				SD Plan 1829	1	0	1
				SD Plan 2396	2	0	2
	PARA ED/CLERK	No	**Yes**	SD Plan 0109	1	0	1
				SD Plan 0110	1	0	1
				SD Plan 1824	2	0	2
				SD Plan 1829	4	0	4
				SD Plan 2396	6	0	6
				SD Plan 2515	2	0	2
	PRINCIPAL-CBA	Yes	**No**	SD Plan 0109	1	0	1
				SD Plan 1824	1	0	1
				SD Plan 2396	1	0	1
				SD Plan 2515	1	0	1
	PROF-TECH	No	**Yes**	SD Plan 0109	1	0	1
				SD Plan 1829	1	0	1
				SD Plan 2396	2	0	2
	SECRETARY	No	**Yes**	SD Plan 0109	3	0	3
				SD Plan 0111	1	0	1
				SD Plan 1824	4	0	4
				SD Plan 1829	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 2396	1	0	1
	TEACHER/CERT	Yes	**No**	SD Plan 0109	24	0	24
				SD Plan 0110	4	0	4

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				SD Plan 0111	1	0	1
				SD Plan 1824	9	0	9
				SD Plan 1829	21	0	21
				SD Plan 2396	9	0	9
				SD Plan 2515	18	0	18
	TRANSPORTATION	No	**Yes**	SD Plan 1829	2	0	2
				SD Plan 2396	3	0	3
				SD Plan 2515	6	0	6
South Whidbey School District Total					**159**	**0**	**159**
Southside School District	**CERT-MONTHLY**	Yes	**No**	SD Plan 3504	3	0	3
				SD Plan 3526	3	0	3
				SD Plan 3532	3	0	3
				SD Plan 3536	1	0	1
	CLASS-MONTHLY	No	**Yes**	SD Plan 3504	3	0	3
				SD Plan 3507	1	0	1
				SD Plan 3511	1	0	1
				SD Plan 3524	2	0	2
				SD Plan 3526	2	0	2
Southside School District Total					**19**	**0**	**19**
Spokane School District	**Certificated Composite**	Yes	**No**	SD Plan 1022	8	16	24
				SD Plan 1024	3	12	15
				SD Plan 1027	1	3	4
				SD Plan 1029	6	10	16
				SD Plan 1030	2	4	6
				SD Plan 1031	9	17	26
				SD Plan 2235	2	7	9
	Certificated No Designation	Yes	**No**	SD Plan 2235	1	0	1
	Certificated Tiered	Yes	**No**	SD Plan 0511	28	51	79
				SD Plan 1022	376	179	555
				SD Plan 1024	151	148	299
				SD Plan 1025	38	73	111
				SD Plan 1026	13	27	40

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1027	11	27	38
				SD Plan 1029	413	347	760
				SD Plan 1030	355	395	750
				SD Plan 1031	357	379	736
				SD Plan 2235	224	339	563
	Classified Composite	No	**Yes**	SD Plan 0511	26	45	71
				SD Plan 1022	77	51	128
				SD Plan 1024	74	127	201
				SD Plan 1025	37	57	94
				SD Plan 1026	7	8	15
				SD Plan 1027	2	2	4
				SD Plan 1029	92	173	265
				SD Plan 1030	109	178	287
				SD Plan 1031	54	116	170
				SD Plan 2235	77	125	202
	Classified No Designation	No	**Yes**	SD Plan 1022	1	2	3
				SD Plan 1029	1	2	3
	Classified Tiered	No	**Yes**	SD Plan 0511	6	2	8
				SD Plan 1022	78	28	106
				SD Plan 1024	27	11	38
				SD Plan 1025	3	4	7
				SD Plan 1026	2	3	5
				SD Plan 1027	1	0	1
				SD Plan 1029	107	52	159
				SD Plan 1030	63	40	103
				SD Plan 1031	126	64	190
				SD Plan 2235	79	82	161
Spokane School District Total					**3,047**	**3,206**	**6,253**
Sprague School District	**ADMIN**	Yes	**No**	SD Plan 0029	1	0	1
	FULL/TIME CLASS	No	**Yes**	SD Plan 0029	1	1	2
	PART TIME CLASS	No	**Yes**	SD Plan 0029	6	8	14
				SD Plan 0537	2	0	2

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	TEACHERS	Yes	**No**	SD Plan 0029	9	14	23
				SD Plan 0537	1	3	4
Sprague School District Total					**20**	**26**	**46**
St. John School District	**CERT TEACHER**	Yes	**No**	SD Plan 1759	14	0	14
	CLASS FULL TIME	No	**Yes**	SD Plan 1759	3	0	3
	CLASS PART TIME	No	**Yes**	SD Plan 1759	5	0	5
				SD Plan 1761	2	0	2
	PRINCIPALS	Yes	**No**	SD Plan 1759	1	0	1
St. John School District Total					**25**	**0**	**25**
Stanwood-Camano School District	**ADMIN**	No	**Yes**	SD Plan 0523	2	0	2
				SD Plan 0527	1	0	1
				SD Plan 0528	1	0	1
		Yes	**No**	SD Plan 0523	10	0	10
				SD Plan 0525	1	0	1
				SD Plan 0528	1	0	1
				SD Plan 0571	4	0	4
	NONREP	No	**Yes**	SD Plan 0523	7	0	7
				SD Plan 0525	1	0	1
				SD Plan 0527	1	0	1
				SD Plan 0528	1	0	1
				SD Plan 0571	4	0	4
	PSE	No	**Yes**	SD Plan 0146	30	0	30
				SD Plan 0529	13	0	13
				SD Plan 0530	15	0	15
				SD Plan 0531	6	0	6
				SD Plan 0532	27	0	27
				SD Plan 0533	2	0	2
				SD Plan 0571	61	0	61
	SCEA	Yes	**No**	SD Plan 0523	71	0	71
				SD Plan 0525	32	0	32
				SD Plan 0527	40	0	40
				SD Plan 0528	32	0	32

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				SD Plan 0571	51	0	51
				SD Plan 2622	1	0	1
Stanwood-Camano School District Total					**415**	**0**	**415**
Star School District	**BUS DRIVER**	No	**Yes**	SD Plan 4100	1	0	1
	TEACHER	Yes	**No**	SD Plan 4100	1	0	1
Star School District Total					**2**	**0**	**2**
Starbuck School District	**1MC**	No	**Yes**	SD Plan 3548	1	0	1
	1MT	Yes	**No**	SD Plan 3548	2	0	2
	2MC	No	**Yes**	SD Plan 3548	1	0	1
	2PC	No	**Yes**	SD Plan 3548	1	0	1
Starbuck School District Total					**5**	**0**	**5**
Stehekin School District	**TEACHER**	Yes	**No**	SD Plan 0514	1	0	1
Stehekin School District Total					**1**	**0**	**1**
Steilacoom Hist. School District	**ADMIN**	No	**Yes**	SD Plan 0578	2	0	2
				SD Plan 3504	3	4	7
				SD Plan 3526	1	0	1
				SD Plan 3532	1	0	1
				SD Plan 3536	1	1	2
		Yes	**No**	SD Plan 0578	1	0	1
				SD Plan 3504	2	3	5
				SD Plan 3507	2	5	7
				SD Plan 3526	2	0	2
				SD Plan 3532	1	1	2
				SD Plan 3536	4	3	7
	CERTIFICATED	Yes	**No**	SD Plan 0578	36	20	56
				SD Plan 3504	17	19	36
				SD Plan 3507	4	2	6
				SD Plan 3526	22	8	30
				SD Plan 3532	30	22	52
				SD Plan 3536	34	17	51
				SD Plan 3539	4	11	15
	CLASSIFIED	No	**Yes**	SD Plan 0578	26	11	37

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				SD Plan 3504	10	7	17
				SD Plan 3507	7	6	13
				SD Plan 3526	4	0	4
				SD Plan 3532	18	24	42
				SD Plan 3536	9	4	13
				SD Plan 3539	1	0	1
Steilacoom Hist. School District Total					**242**	**168**	**410**
Steptoe School District	**ADMIN**	Yes	**No**	SD Plan 2100	1	1	2
	CERT	Yes	**No**	SD Plan 2100	3	10	13
	CLASSIFIED	No	**Yes**	SD Plan 2100	4	7	11
Steptoe School District Total					**8**	**18**	**26**
Stevenson-Carson School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 4174	1	0	1
				SD Plan 4177	1	0	1
		Yes	**No**	SD Plan 3368	1	0	1
				SD Plan 4174	4	0	4
	central office staff	No	**Yes**	SD Plan 3368	1	0	1
				SD Plan 4174	3	0	3
	CLASSIFIED-PSE	No	**Yes**	SD Plan 3368	14	0	14
				SD Plan 4174	20	0	20
				SD Plan 4176	3	0	3
				SD Plan 4177	14	0	14
	TEACHERS	No	**Yes**	SD Plan 3368	3	0	3
				SD Plan 4176	1	0	1
				SD Plan 4177	1	0	1
		Yes	**No**	SD Plan 3368	12	0	12
				SD Plan 4174	21	0	21
				SD Plan 4176	2	0	2
				SD Plan 4177	6	0	6
Stevenson-Carson School District Total					**108**	**0**	**108**
Sultan School District	**CLA**	No	**Yes**	SD Plan 0020	1	0	1
				SD Plan 0021	2	0	2
				SD Plan 0022	1	0	1

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	CTA	No	**Yes**	SD Plan 0020	2	0	2
		Yes	**No**	SD Plan 0020	1	0	1
				SD Plan 0021	2	0	2
				SD Plan 0022	2	0	2
				SD Plan 1775	1	0	1
	PSE	No	**Yes**	SD Plan 0020	24	0	24
				SD Plan 0021	7	0	7
				SD Plan 0022	11	0	11
				SD Plan 0648	9	0	9
				SD Plan 1773	9	0	9
				SD Plan 1775	1	0	1
	SEA	No	**Yes**	SD Plan 0020	10	0	10
				SD Plan 0021	3	0	3
				SD Plan 0022	4	0	4
				SD Plan 0648	6	0	6
				SD Plan 1773	8	0	8
		Yes	**No**	SD Plan 0020	24	0	24
				SD Plan 0021	11	0	11
				SD Plan 0022	14	0	14
				SD Plan 0648	12	0	12
				SD Plan 1773	13	0	13
	SUP	Yes	**No**	SD Plan 0022	1	0	1
	TEA	No	**Yes**	SD Plan 0020	1	0	1
				SD Plan 0021	4	0	4
				SD Plan 0022	1	0	1
				SD Plan 0648	6	0	6
				SD Plan 1773	2	0	2
Sultan School District Total					**193**	**0**	**193**
Summit Valley School District	**BUSINESS OFFICE**	No	**Yes**	SD Plan 1621	1	0	1
	Cert Admin	Yes	**No**	SD Plan 1621	1	0	1
	CERT STAFF	Yes	**No**	SD Plan 1621	6	0	6
				SD Plan 3450	1	0	1

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	CLASSIFIED	No	**Yes**	SD Plan 1621	2	0	2
				SD Plan 3450	2	0	2
	Paraeducator	No	**Yes**	SD Plan 3450	4	0	4
Summit Valley School District Total					**17**	**0**	**17**
Sumner School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0746	5	2	7
				SD Plan 0747	1	0	1
				SD Plan 0749	1	0	1
				SD Plan 1928	1	1	2
		Yes	**No**	SD Plan 0746	9	6	15
				SD Plan 0747	1	3	4
				SD Plan 0749	8	7	15
				SD Plan 1928	8	19	27
				SD Plan 1929	2	4	6
				SD Plan 1930	1	0	1
	ASG	No	**Yes**	SD Plan 0746	14	3	17
				SD Plan 0747	22	20	42
				SD Plan 0749	8	0	8
				SD Plan 1928	35	70	105
				SD Plan 1929	6	11	17
				SD Plan 1930	6	8	14
				SD Plan 2235	1	2	3
	IUOE	No	**Yes**	SD Plan 0312	1	2	3
				SD Plan 0746	13	2	15
				SD Plan 0747	6	0	6
				SD Plan 0749	10	0	10
				SD Plan 1928	35	50	85
				SD Plan 1929	12	16	28
				SD Plan 1930	4	4	8
				SD Plan 2235	1	0	1
	MISC-FAMILY POOLS	No	**Yes**	SD Plan 1929	1	1	2
		Yes	**No**	SD Plan 0746	1	3	4
	SEA	No	**Yes**	SD Plan 0747	1	0	1

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		Yes	**No**	SD Plan 0312	3	6	9
				SD Plan 0746	123	109	232
				SD Plan 0747	65	85	150
				SD Plan 0749	86	76	162
				SD Plan 1928	60	114	174
				SD Plan 1929	33	47	80
				SD Plan 1930	16	33	49
				SD Plan 2235	55	108	163
	SPA	No	**Yes**	SD Plan 0746	6	3	9
				SD Plan 0747	12	6	18
				SD Plan 0749	3	0	3
				SD Plan 1928	28	7	35
				SD Plan 1929	27	22	49
				SD Plan 1930	8	15	23
				SD Plan 2235	1	2	3
	UNREP	No	**Yes**	SD Plan 0312	1	2	3
				SD Plan 0746	3	3	6
				SD Plan 0747	4	2	6
				SD Plan 0749	1	0	1
				SD Plan 1928	8	13	21
				SD Plan 1930	1	2	3
		Yes	**No**	SD Plan 0747	1	3	4
Sumner School District Total					**759**	**892**	**1,651**
Sunnyside School District	**BUS DRIVERS**	No	**Yes**	SD Plan 1809	1	0	1
				SD Plan 1810	7	2	9
				SD Plan 1811	2	1	3
				SD Plan 1812	5	0	5
				SD Plan 1813	2	1	3
				SD Plan 1815	2	3	5
				SD Plan 1816	3	3	6
				SD Plan 1817	2	0	2
				SD Plan 1818	8	12	20

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				SD Plan 1820	3	0	3
	Certified Admin 1MA	Yes	**No**	SD Plan 1806	1	0	1
				SD Plan 1809	1	4	5
				SD Plan 1810	4	3	7
				SD Plan 1812	1	2	3
				SD Plan 1813	1	4	5
				SD Plan 1815	2	6	8
				SD Plan 1816	7	10	17
				SD Plan 1817	1	0	1
				SD Plan 1818	5	11	16
	Class Non Rep 2MO 2CT 2I	No	**Yes**	SD Plan 1806	1	0	1
				SD Plan 1809	1	0	1
				SD Plan 1810	11	12	23
				SD Plan 1811	3	0	3
				SD Plan 1812	1	0	1
				SD Plan 1813	11	13	24
				SD Plan 1815	2	1	3
				SD Plan 1816	11	5	16
				SD Plan 1817	3	9	12
				SD Plan 1818	6	5	11
				SD Plan 1820	2	0	2
				SD Plan 4105	1	3	4
	COOKS	No	**Yes**	SD Plan 1806	3	0	3
				SD Plan 1810	13	0	13
				SD Plan 1811	1	0	1
				SD Plan 1812	1	0	1
				SD Plan 1813	10	10	20
				SD Plan 1816	6	9	15
				SD Plan 1817	3	0	3
	CUSTODIANS	No	**Yes**	SD Plan 1805	2	0	2
				SD Plan 1806	1	0	1
				SD Plan 1809	13	0	13

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				SD Plan 1810	5	0	5
				SD Plan 1811	2	0	2
				SD Plan 1812	2	9	11
				SD Plan 1813	4	4	8
				SD Plan 1814	1	1	2
				SD Plan 1816	2	1	3
				SD Plan 1817	2	1	3
				SD Plan 1818	1	4	5
				SD Plan 1820	2	0	2
	EXEC. Director	No	**Yes**	SD Plan 1820	2	3	5
		Yes	**No**	SD Plan 1810	1	1	2
				SD Plan 1820	2	3	5
	MSDR/SEMY 2MP 2MR	No	**Yes**	SD Plan 1809	1	0	1
				SD Plan 1810	2	0	2
				SD Plan 1813	2	6	8
				SD Plan 1815	3	2	5
				SD Plan 1817	2	0	2
				SD Plan 1818	8	14	22
				SD Plan 1820	3	5	8
				SD Plan 4105	3	8	11
	SECRETARIES	No	**Yes**	SD Plan 1809	4	0	4
				SD Plan 1811	2	0	2
				SD Plan 1813	3	1	4
				SD Plan 1816	6	3	9
				SD Plan 1817	1	0	1
				SD Plan 1818	9	16	25
				SD Plan 1820	1	0	1
	SECURITY LIAISO	No	**Yes**	SD Plan 1809	1	0	1
				SD Plan 1811	2	0	2
				SD Plan 1813	1	2	3
				SD Plan 1816	1	3	4
	TEACHER	No	**Yes**	SD Plan 1810	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1817	1	0	1
		Yes	**No**	SD Plan 1805	3	0	3
				SD Plan 1806	22	0	22
				SD Plan 1809	17	11	28
				SD Plan 1810	118	75	193
				SD Plan 1811	12	4	16
				SD Plan 1812	5	1	6
				SD Plan 1813	43	82	125
				SD Plan 1814	2	2	4
				SD Plan 1815	4	13	17
				SD Plan 1816	84	89	173
				SD Plan 1817	11	10	21
				SD Plan 1818	46	90	136
				SD Plan 1819	3	0	3
				SD Plan 1820	19	11	30
				SD Plan 4105	1	1	2
	TEACHERS AIDE	No	**Yes**	SD Plan 1805	3	0	3
				SD Plan 1806	8	0	8
				SD Plan 1809	4	3	7
				SD Plan 1810	19	10	29
				SD Plan 1811	3	0	3
				SD Plan 1812	6	6	12
				SD Plan 1813	24	17	41
				SD Plan 1814	2	0	2
				SD Plan 1815	1	0	1
				SD Plan 1816	14	6	20
				SD Plan 1817	8	6	14
				SD Plan 1818	11	10	21
				SD Plan 1819	2	0	2
				SD Plan 1820	5	0	5
				SD Plan 4105	1	0	1
Sunnyside School District Total					**748**	**665**	**1,413**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Tacoma School District	**CERTIFICATED EMPLOYEES**	Yes	**No**	SD Plan 0218	95	182	277
				SD Plan 0219	44	76	120
				SD Plan 0220	26	59	85
				SD Plan 1130	370	478	848
				SD Plan 1131	814	987	1,801
				SD Plan 1132	307	300	607
				SD Plan 1133	166	195	361
	Classified Employees	No	**Yes**	SD Plan 0218	77	95	172
				SD Plan 0219	19	31	50
				SD Plan 0220	16	22	38
				SD Plan 1130	150	199	349
				SD Plan 1131	562	606	1,168
				SD Plan 1132	123	79	202
				SD Plan 1133	79	62	141
				SD Plan 3179	2	5	7
Tacoma School District Total					**2,850**	**3,376**	**6,226**
Taholah School District	**Cert Admin**	Yes	**No**	SD Plan 3173	1	0	1
	CLASS ADM.	No	**Yes**	SD Plan 3173	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 3173	10	0	10
				SD Plan 3174	2	0	2
	TEACHERS	No	**Yes**	SD Plan 3173	4	0	4
		Yes	**No**	SD Plan 2245	2	0	2
				SD Plan 3173	10	0	10
				SD Plan 3174	5	0	5
Taholah School District Total					**36**	**0**	**36**
Tahoma School District	**CLASS & ADMIN**	No	**Yes**	SD Plan 0198	2	0	2
				SD Plan 0547	11	0	11
				SD Plan 0571	2	0	2
				SD Plan 0572	14	0	14
				SD Plan 0746	7	0	7
				SD Plan 0747	93	0	93
				SD Plan 0748	8	0	8

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0749	42	0	42
				SD Plan 0750	62	0	62
				SD Plan 0751	8	0	8
				SD Plan 0752	55	0	55
		Yes	**No**	SD Plan 0747	4	0	4
				SD Plan 0748	1	0	1
				SD Plan 0749	1	0	1
				SD Plan 0750	1	0	1
				SD Plan 0752	8	0	8
	TEA	No	**Yes**	SD Plan 0198	1	0	1
				SD Plan 0572	4	0	4
				SD Plan 0747	9	0	9
				SD Plan 0748	1	0	1
				SD Plan 0749	5	0	5
				SD Plan 0750	4	0	4
				SD Plan 0751	2	0	2
				SD Plan 0752	5	0	5
		Yes	**No**	SD Plan 0198	2	0	2
				SD Plan 0547	8	0	8
				SD Plan 0571	8	0	8
				SD Plan 0572	27	0	27
				SD Plan 0746	21	0	21
				SD Plan 0747	147	0	147
				SD Plan 0748	6	0	6
				SD Plan 0749	37	0	37
				SD Plan 0750	32	0	32
				SD Plan 0751	4	0	4
				SD Plan 0752	61	0	61
Tahoma School District Total					**703**	**0**	**703**
Tekoa School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 2026	1	3	4
				SD Plan 2027	1	0	1
	CERT TEACHER	Yes	**No**	SD Plan 2026	3	6	9

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2027	14	24	38
	CLASS YEAR RND	No	**Yes**	SD Plan 2026	1	1	2
	CLASSIFIED	No	**Yes**	SD Plan 2026	2	0	2
				SD Plan 2027	7	5	12
Tekoa School District Total					**29**	**39**	**68**
Tenino School District	**ADMIN**	Yes	**No**	SD Plan 3528	1	0	1
				SD Plan 3534	1	0	1
				SD Plan 3607	1	0	1
				SD Plan 3616	2	5	7
				SD Plan 3674	1	5	6
	CLASSIFIED	No	**Yes**	SD Plan 3278	3	0	3
				SD Plan 3315	9	4	13
				SD Plan 3506	2	3	5
				SD Plan 3509	2	5	7
				SD Plan 3528	4	2	6
				SD Plan 3534	3	2	5
				SD Plan 3538	3	0	3
				SD Plan 3607	1	3	4
				SD Plan 3616	4	4	8
				SD Plan 3640	9	4	13
				SD Plan 3672	2	0	2
				SD Plan 3674	1	6	7
				SD Plan 3731	1	4	5
	EXEMPT	No	**Yes**	SD Plan 3278	1	0	1
				SD Plan 3506	1	0	1
				SD Plan 3616	1	4	5
				SD Plan 3640	1	0	1
	TEACHERS	No	**Yes**	SD Plan 3672	1	2	3
		Yes	**No**	SD Plan 3278	7	0	7
				SD Plan 3315	6	4	10
				SD Plan 3506	2	3	5
				SD Plan 3509	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3528	12	15	27
				SD Plan 3534	7	5	12
				SD Plan 3538	2	0	2
				SD Plan 3607	7	10	17
				SD Plan 3616	5	10	15
				SD Plan 3640	6	5	11
				SD Plan 3672	1	0	1
				SD Plan 3731	2	4	6
				SD Plan 4119	2	2	4
Tenino School District Total					**115**	**113**	**228**
Thorp School District	**CERTIFICATED**	Yes	**No**	SD Plan 0002	2	0	2
				SD Plan 0003	1	1	2
				SD Plan 0004	2	2	4
				SD Plan 0005	1	1	2
				SD Plan 0007	1	1	2
				SD Plan 0008	1	1	2
				SD Plan 0011	1	0	1
				SD Plan 0012	3	2	5
				SD Plan 0013	1	1	2
	CLASSIFIED	No	**Yes**	SD Plan 0001	1	1	2
				SD Plan 0002	3	0	3
				SD Plan 0008	2	1	3
		Yes	**No**	SD Plan 0007	1	0	1
Thorp School District Total					**20**	**11**	**31**
Toledo School District	**CERT-INSURANCE**	Yes	**No**	SD Plan 3504	12	20	32
				SD Plan 3507	7	8	15
				SD Plan 3526	12	18	30
				SD Plan 3532	8	12	20
				SD Plan 3536	1	0	1
	CLASS-INSURANCE	No	**Yes**	SD Plan 3504	6	8	14
				SD Plan 3507	1	2	3
				SD Plan 3526	4	2	6

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3532	4	6	10
				SD Plan 3536	2	4	6
	PSE (BUS DRIV) INSUR	No	**Yes**	SD Plan 3504	2	2	4
				SD Plan 3507	2	2	4
				SD Plan 3511	1	2	3
				SD Plan 3532	1	2	3
	SUPT/PRINC/DO/TRAN MA	No	**Yes**	SD Plan 3504	2	2	4
				SD Plan 3532	2	2	4
				SD Plan 3539	1	0	1
		Yes	**No**	SD Plan 3504	1	2	3
				SD Plan 3526	3	4	7
Toledo School District Total					**72**	**98**	**170**
Tonasket School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 2928	3	2	5
				SD Plan 2930	2	0	2
	CERTIFICATED	No	**Yes**	SD Plan 2928	17	9	26
				SD Plan 2930	1	2	3
		Yes	**No**	SD Plan 2928	42	42	84
				SD Plan 2930	6	0	6
	CLASS FULL TIME	No	**Yes**	SD Plan 2928	11	4	15
				SD Plan 2930	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 2928	39	11	50
				SD Plan 2930	4	2	6
Tonasket School District Total					**126**	**72**	**198**
Toppenish School District	**ADMCOS**	No	**Yes**	SD Plan 3148	1	0	1
				SD Plan 3153	1	0	1
				SD Plan 3154	1	0	1
				SD Plan 3155	3	0	3
				SD Plan 3156	1	0	1
				SD Plan 3168	2	0	2
				SD Plan 3169	1	0	1
				SD Plan 3170	3	0	3
	ADMIN EXEMPT	No	**Yes**	SD Plan 3170	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	DIRECT/PRINCIPA	Yes	**No**	SD Plan 3154	2	0	2
				SD Plan 3165	1	0	1
				SD Plan 3168	1	0	1
				SD Plan 3169	4	0	4
				SD Plan 3170	9	0	9
	No Benefits Offered - Classi	No	**Yes**	SD Plan 3147	1	0	1
	NON PSE	No	**Yes**	SD Plan 3153	1	0	1
				SD Plan 3156	1	0	1
				SD Plan 3167	1	0	1
				SD Plan 3169	1	0	1
				SD Plan 3170	2	0	2
	NON PSE1	No	**Yes**	SD Plan 3145	4	0	4
				SD Plan 3153	1	0	1
				SD Plan 3170	1	0	1
	PSE	No	**Yes**	SD Plan 3147	52	0	52
				SD Plan 3148	29	0	29
				SD Plan 3149	30	0	30
				SD Plan 3230	2	0	2
				SD Plan 3233	4	0	4
	PSE FULL TIME	No	**Yes**	SD Plan 3147	15	0	15
				SD Plan 3148	2	0	2
				SD Plan 3149	5	0	5
				SD Plan 3233	2	0	2
	PSE TERMINATE	No	**Yes**	SD Plan 3147	1	0	1
				SD Plan 3148	1	0	1
				SD Plan 3149	1	0	1
	SUPERVISOR	No	**Yes**	SD Plan 3155	1	0	1
				SD Plan 3169	2	0	2
	SUPT/ ASST SUPT	Yes	**No**	SD Plan 3169	1	0	1
				SD Plan 3170	1	0	1
	TEA CERTIFIED	Yes	**No**	SD Plan 3145	4	0	4
				SD Plan 3146	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3150	11	0	11
				SD Plan 3153	43	0	43
				SD Plan 3154	30	0	30
				SD Plan 3155	4	0	4
				SD Plan 3156	5	0	5
				SD Plan 3158	2	0	2
				SD Plan 3159	11	0	11
				SD Plan 3160	3	0	3
				SD Plan 3161	2	0	2
				SD Plan 3163	6	0	6
				SD Plan 3164	8	0	8
				SD Plan 3165	11	0	11
				SD Plan 3167	37	0	37
				SD Plan 3168	9	0	9
				SD Plan 3169	2	0	2
	TERMED NON PSE	Yes	**No**	SD Plan 3153	1	0	1
				SD Plan 4050	1	0	1
Toppenish School District Total					**384**	**0**	**384**
Touchet School District	**CLASSIFIED**	No	**Yes**	SD Plan 1164	1	0	1
				SD Plan 3227	2	0	2
				SD Plan 3228	4	0	4
				SD Plan 4222	4	0	4
	SUPT	Yes	**No**	SD Plan 4222	1	0	1
	TEACHER	Yes	**No**	SD Plan 3227	6	0	6
				SD Plan 3228	2	0	2
				SD Plan 4222	10	0	10
Touchet School District Total					**30**	**0**	**30**
Toutle Lake School District	**001 CERTIFIED STAFF**	Yes	**No**	SD Plan 0659	2	8	10
				SD Plan 0874	6	12	18
				SD Plan 0875	2	5	7
				SD Plan 0876	7	10	17
				SD Plan 1556	8	5	13

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2147	7	7	14
	002 CLASSIFIED STAFF	No	**Yes**	SD Plan 0874	8	0	8
				SD Plan 0875	1	3	4
				SD Plan 0876	4	6	10
				SD Plan 1556	2	2	4
				SD Plan 2147	14	6	20
	003 ADMINISTRATION	No	**Yes**	SD Plan 0874	1	0	1
				SD Plan 0876	1	0	1
				SD Plan 1556	2	0	2
				SD Plan 2147	2	0	2
		Yes	**No**	SD Plan 0659	1	1	2
				SD Plan 0874	1	1	2
	CERTIFICATED	Yes	**No**	SD Plan 0874	1	0	1
Toutle Lake School District Total					**70**	**66**	**136**
Trout Lake School District	**1-CERTIFICATED**	No	**Yes**	SD Plan 4194	3	0	3
		Yes	**No**	SD Plan 0473	2	0	2
				SD Plan 4194	9	0	9
	2-CLASSIFIED	No	**Yes**	SD Plan 4195	3	0	3
				SD Plan 4198	2	0	2
	CLASSIFIED	No	**Yes**	SD Plan 4194	2	0	2
Trout Lake School District Total					**21**	**0**	**21**
Tukwila School District	**Admin Unrep**	No	**Yes**	SD Plan 0523	1	0	1
				SD Plan 0524	1	0	1
				SD Plan 0526	1	0	1
				SD Plan 2274	1	0	1
	PRINCIPALS	Yes	**No**	SD Plan 0523	3	0	3
				SD Plan 2274	1	0	1
	SEIU	No	**Yes**	SD Plan 0082	1	0	1
				SD Plan 0526	1	0	1
				SD Plan 2274	3	0	3
	TCEA	No	**Yes**	SD Plan 0082	5	0	5
				SD Plan 0523	8	0	8

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				SD Plan 0524	1	0	1
				SD Plan 0526	2	0	2
				SD Plan 2274	4	0	4
				SD Plan 2275	1	0	1
	TEA	Yes	**No**	SD Plan 0082	11	0	11
				SD Plan 0523	24	0	24
				SD Plan 0524	3	0	3
				SD Plan 0526	7	0	7
				SD Plan 2274	4	0	4
Tukwila School District Total					**83**	**0**	**83**
Tumwater School District	**District Office Administrato**	No	**Yes**	SD Plan 0333	3	4	7
				SD Plan 4099	10	7	17
		Yes	**No**	SD Plan 4099	5	7	12
	District Office Non-Reps	No	**Yes**	SD Plan 0333	2	3	5
				SD Plan 4099	12	8	20
	New Market Skills Center	No	**Yes**	SD Plan 0333	1	1	2
				SD Plan 4099	4	6	10
		Yes	**No**	SD Plan 0333	4	0	4
				SD Plan 4099	8	4	12
	PRINCIPALS	Yes	**No**	SD Plan 0333	3	5	8
				SD Plan 4099	14	16	30
	PUBLIC SCHOOL EMPLOYEE	No	**Yes**	SD Plan 0333	31	12	43
				SD Plan 4099	67	43	110
	Tumwater Association of P	No	**Yes**	SD Plan 0333	23	7	30
				SD Plan 4099	69	52	121
	Tumwater Education Assoc	Yes	**No**	SD Plan 0333	69	34	103
				SD Plan 4099	280	288	568
	Tumwater Office Professior	No	**Yes**	SD Plan 0333	8	4	12
				SD Plan 4099	36	30	66
Tumwater School District Total					**649**	**531**	**1,180**
Union Gap School District	**NON REPRESENTATIVE GRC**	No	**Yes**	SD Plan 0442	3	0	3
				SD Plan 0656	1	0	1

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				SD Plan 0658	1	0	1
		Yes	**No**	SD Plan 0442	1	0	1
				SD Plan 0656	1	0	1
				SD Plan 0657	1	0	1
	PSE Classified	No	**Yes**	SD Plan 0442	16	0	16
				SD Plan 0656	7	0	7
				SD Plan 0657	5	0	5
				SD Plan 0658	2	0	2
	UGEA-CERTIFICATED	Yes	**No**	SD Plan 0442	6	0	6
				SD Plan 0656	18	0	18
				SD Plan 0657	11	0	11
				SD Plan 0658	2	0	2
				SD Plan 0659	1	0	1
Union Gap School District Total					**76**	**0**	**76**
University Place School District	**CERTIFIED**	Yes	**No**	SD Plan 0652	1	0	1
				SD Plan 3221	48	0	48
				SD Plan 3398	155	0	155
				SD Plan 3399	83	0	83
				SD Plan 3400	21	0	21
				SD Plan 3401	19	0	19
	CLASSIFIED	No	**Yes**	SD Plan 3221	36	0	36
				SD Plan 3398	71	0	71
				SD Plan 3399	38	0	38
				SD Plan 3400	25	0	25
				SD Plan 3401	4	0	4
University Place School District Total					**501**	**0**	**501**
Valley School District	**Certificated Pool**	Yes	**No**	SD Plan 0814	7	10	17
				SD Plan 0815	5	7	12
				SD Plan 0816	4	0	4
				SD Plan 0817	12	27	39
				SD Plan 0818	1	1	2
	Classified Pool	No	**Yes**	SD Plan 0814	12	7	19

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				SD Plan 0815	5	5	10
				SD Plan 0816	11	4	15
				SD Plan 0817	19	21	40
				SD Plan 0819	1	0	1
Valley School District Total					**77**	**82**	**159**
Vancouver School District	**CERTIFICATED**	Yes	**No**	SD Plan 0607	99	157	256
				SD Plan 0609	49	68	117
				SD Plan 0611	18	27	45
				SD Plan 0612	3	4	7
				SD Plan 0613	123	131	254
				SD Plan 0615	162	107	269
				SD Plan 0616	4	0	4
				SD Plan 0617	429	305	734
				SD Plan 0619	9	18	27
				SD Plan 0622	5	0	5
				SD Plan 0623	406	0	406
				SD Plan 0624	1	0	1
	Classfied	No	**Yes**	SD Plan 0606	2	0	2
				SD Plan 0607	74	88	162
				SD Plan 0608	1	2	3
				SD Plan 0609	38	45	83
				SD Plan 0610	1	0	1
				SD Plan 0611	17	20	37
				SD Plan 0613	72	59	131
				SD Plan 0614	2	2	4
				SD Plan 0615	79	34	113
				SD Plan 0616	4	1	5
				SD Plan 0617	237	121	358
				SD Plan 0619	7	9	16
				SD Plan 0622	6	0	6
				SD Plan 0623	399	0	399
Vancouver School District Total					**2,247**	**1,198**	**3,445**

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Vashon Island School District	**ADMINISTRATORS**	No	**Yes**	SD Plan 0219	1	0	1
				SD Plan 0227	1	0	1
				SD Plan 0392	1	0	1
				SD Plan 0748	1	0	1
		Yes	**No**	SD Plan 0227	1	0	1
				SD Plan 0393	1	0	1
				SD Plan 0747	1	0	1
				SD Plan 0748	2	0	2
				SD Plan 3235	1	0	1
				SD Plan 3236	1	0	1
	CPEA-AIDES & SEC	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0220	1	0	1
				SD Plan 0227	2	0	2
				SD Plan 0384	1	0	1
				SD Plan 0385	1	0	1
				SD Plan 0392	2	0	2
				SD Plan 0393	2	0	2
				SD Plan 0747	3	0	3
				SD Plan 0748	2	0	2
				SD Plan 3235	2	0	2
				SD Plan 3236	1	0	1
	NO UNION AFFILIATION	No	**Yes**	SD Plan 0218	1	0	1
				SD Plan 0227	2	0	2
				SD Plan 0384	2	0	2
				SD Plan 0392	1	0	1
				SD Plan 0747	3	0	3
				SD Plan 0748	1	0	1
	SEIU-6	No	**Yes**	SD Plan 0218	2	0	2
				SD Plan 0219	1	0	1
				SD Plan 0384	1	0	1
				SD Plan 0392	2	0	2
				SD Plan 0747	1	0	1

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				SD Plan 3235	4	0	4
				SD Plan 3236	6	0	6
	VASHON EDUCTN ASSOC.	No	**Yes**	SD Plan 0219	1	0	1
				SD Plan 0392	1	0	1
				SD Plan 0748	2	0	2
		Yes	**No**	SD Plan 0218	9	0	9
				SD Plan 0219	2	0	2
				SD Plan 0220	1	0	1
				SD Plan 0227	5	0	5
				SD Plan 0384	3	0	3
				SD Plan 0385	5	0	5
				SD Plan 0392	1	0	1
				SD Plan 0393	4	0	4
				SD Plan 0396	3	0	3
				SD Plan 0747	15	0	15
				SD Plan 0748	17	0	17
				SD Plan 2899	1	0	1
				SD Plan 3235	4	0	4
				SD Plan 3236	9	0	9
Vashon Island School District Total					**139**	**0**	**139**
Wahkiakum School District	**AIDE**	No	**Yes**	SD Plan 2153	12	19	31
	CUSTODIAN	No	**Yes**	SD Plan 2153	3	1	4
	ELEM TEACHER	No	**Yes**	SD Plan 2153	2	8	10
		Yes	**No**	SD Plan 2153	9	17	26
	MAINT/GRNDS	No	**Yes**	SD Plan 2153	2	2	4
	MIDDLE SCH TEA	No	**Yes**	SD Plan 2153	2	4	6
		Yes	**No**	SD Plan 2153	3	6	9
	MUSIC TEACHER	No	**Yes**	SD Plan 2153	1	1	2
	PRINCIPAL	Yes	**No**	SD Plan 2153	2	6	8
	SEC TEACHER	No	**Yes**	SD Plan 2153	6	8	14
		Yes	**No**	SD Plan 2153	1	4	5
	SECRETARY	No	**Yes**	SD Plan 2153	3	7	10

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	SUPERINTENDENT	Yes	**No**	SD Plan 2153	1	0	1
	TRANS/SUPV	No	**Yes**	SD Plan 2153	1	1	2
Wahkiakum School District Total					**48**	**84**	**132**
Wahluke School District	**CERTIFIED UNION**	Yes	**No**	SD Plan 2155	27	0	27
				SD Plan 2157	109	0	109
	CLASSIFIED UNION	No	**Yes**	SD Plan 2155	2	0	2
				SD Plan 2156	91	0	91
	Non-Union Classified	No	**Yes**	SD Plan 2157	24	0	24
		Yes	**No**	SD Plan 2157	6	0	6
Wahluke School District Total					**259**	**0**	**259**
Waitsburg School District	**ADMIN ASST**	No	**Yes**	SD Plan 2159	3	2	5
	BUS DRIVER	No	**Yes**	SD Plan 2159	1	0	1
	CLASS OTHER	No	**Yes**	SD Plan 2159	2	2	4
	CUST/MAINT	No	**Yes**	SD Plan 2159	3	6	9
	FOOD SERVICE	No	**Yes**	SD Plan 2159	2	1	3
	PARA EDUCATOR	No	**Yes**	SD Plan 2159	7	2	9
	PRINCIPALS	Yes	**No**	SD Plan 2159	1	2	3
	SUPERINTENDENT	Yes	**No**	SD Plan 2159	1	0	1
	TEACHER	Yes	**No**	SD Plan 2159	19	11	30
Waitsburg School District Total					**39**	**26**	**65**
Walla Walla Public Schools	**CERTIFICATED EMPLOYEES**	Yes	**No**	SD Plan 0020	187	0	187
				SD Plan 0021	50	0	50
				SD Plan 0022	26	0	26
				SD Plan 0512	63	0	63
				SD Plan 0855	1	0	1
				SD Plan 3186	20	0	20
				SD Plan 3187	23	0	23
				SD Plan 3188	1	0	1
	Classified Employees	No	**Yes**	SD Plan 0020	103	0	103
				SD Plan 0021	38	0	38
				SD Plan 0022	28	0	28
				SD Plan 0512	58	0	58

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				SD Plan 0855	1	0	1
				SD Plan 3186	43	0	43
				SD Plan 3187	19	0	19
				SD Plan 3188	3	0	3
		Yes	**No**	SD Plan 0020	1	0	1
	Directors	No	**Yes**	SD Plan 0020	5	0	5
				SD Plan 0022	1	0	1
				SD Plan 0512	2	0	2
				SD Plan 3186	1	0	1
				SD Plan 3188	1	0	1
		Yes	**No**	SD Plan 0020	3	0	3
				SD Plan 0512	1	0	1
	OFF SCHEDULE	No	**Yes**	SD Plan 0020	12	0	12
				SD Plan 0021	1	0	1
				SD Plan 0022	1	0	1
				SD Plan 0512	1	0	1
	PRINCIPALS	No	**Yes**	SD Plan 0021	1	0	1
		Yes	**No**	SD Plan 0020	11	0	11
				SD Plan 0021	2	0	2
				SD Plan 0022	2	0	2
				SD Plan 0512	1	0	1
Walla Walla Public Schools Total					**711**	**0**	**711**
Wapato School District	**ADMINISTRATOR**	Yes	**No**	SD Plan 2170	16	0	16
	AIDE	No	**Yes**	SD Plan 2168	51	0	51
	BUS TRANSPORT	No	**Yes**	SD Plan 2168	15	0	15
	CDS	Yes	**No**	SD Plan 2168	1	0	1
	COMPUTER TECH	No	**Yes**	SD Plan 2170	3	0	3
	COUNSELOR	Yes	**No**	SD Plan 2168	7	0	7
	CUSTODIAN	No	**Yes**	SD Plan 2168	21	0	21
	FOOD SERVICE	No	**Yes**	SD Plan 2168	21	0	21
	HOME VISITOR	No	**Yes**	SD Plan 2168	3	0	3
	HRLY OTHER	No	**Yes**	SD Plan 2168	1	0	1

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				SD Plan 2170	1	0	1
	LAS TESTING	No	**Yes**	SD Plan 2168	1	0	1
	MSRTS CLERK	No	**Yes**	SD Plan 2168	2	0	2
	OCCUPATIONAL TH	Yes	**No**	SD Plan 2168	1	0	1
	PAYROLL/ACCTNG	No	**Yes**	SD Plan 2168	1	0	1
				SD Plan 2170	1	0	1
	PERS OFFICER	No	**Yes**	SD Plan 2170	1	0	1
	PSYCHOLOGIST	Yes	**No**	SD Plan 2168	1	0	1
	SECRETARY	No	**Yes**	SD Plan 2168	21	0	21
				SD Plan 2170	2	0	2
	SUPERINTENDENT	Yes	**No**	SD Plan 2170	1	0	1
	SUPERVISOR	No	**Yes**	SD Plan 2170	4	0	4
	TEACHER	Yes	**No**	SD Plan 2168	185	0	185
				SD Plan 2170	2	0	2
	TERMINATED	No	**Yes**	SD Plan 2168	3	0	3
	TUTOR	No	**Yes**	SD Plan 2168	13	0	13
Wapato School District Total					**379**	**0**	**379**
Warden School District	**CERT MONTHLY**	Yes	**No**	SD Plan 0298	1	0	1
				SD Plan 3475	41	0	41
	CLASS OTH	No	**Yes**	SD Plan 3475	6	0	6
	Class Term	No	**Yes**	SD Plan 0298	1	0	1
				SD Plan 3475	1	0	1
	CLASS UNFILLED	No	**Yes**	SD Plan 3475	1	0	1
	COACH	No	**Yes**	SD Plan 3475	1	0	1
	CUS/MAINT/GRNDS	No	**Yes**	SD Plan 3475	3	0	3
	FOOD SERVICE	No	**Yes**	SD Plan 3475	2	0	2
	PARA EDUCATOR	No	**Yes**	SD Plan 3475	14	0	14
	PRINCIPALS	Yes	**No**	SD Plan 3475	4	0	4
	SECRETARY/REG	No	**Yes**	SD Plan 0298	1	0	1
				SD Plan 3475	3	0	3
	TRANSPORTATION	No	**Yes**	SD Plan 3475	1	0	1
Warden School District Total					**80**	**0**	**80**

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Washougal School District	**DO ADMIN**	No	**Yes**	SD Plan 3359	1	0	1
				SD Plan 4219	1	0	1
				SD Plan 4220	1	0	1
		Yes	**No**	SD Plan 3359	1	0	1
				SD Plan 3409	1	0	1
				SD Plan 4219	1	0	1
				SD Plan 4220	1	0	1
	Non Union Classified	No	**Yes**	SD Plan 3359	5	0	5
				SD Plan 4218	1	0	1
				SD Plan 4219	1	0	1
				SD Plan 4221	2	0	2
	PAW	Yes	**No**	SD Plan 4217	1	0	1
				SD Plan 4218	1	0	1
				SD Plan 4219	3	0	3
				SD Plan 4220	2	0	2
	PSE	No	**Yes**	SD Plan 3359	47	0	47
				SD Plan 4216	4	0	4
				SD Plan 4217	2	0	2
				SD Plan 4218	10	0	10
				SD Plan 4219	12	0	12
				SD Plan 4220	22	0	22
				SD Plan 4221	13	0	13
	WAE	No	**Yes**	SD Plan 3025	1	0	1
				SD Plan 3359	4	0	4
				SD Plan 4216	2	0	2
				SD Plan 4217	3	0	3
				SD Plan 4218	4	0	4
				SD Plan 4219	1	0	1
				SD Plan 4220	3	0	3
				SD Plan 4221	3	0	3
		Yes	**No**	SD Plan 3022	3	0	3
				SD Plan 3359	44	0	44

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				SD Plan 4216	4	0	4
				SD Plan 4217	6	0	6
				SD Plan 4218	18	0	18
				SD Plan 4219	19	0	19
				SD Plan 4220	29	0	29
				SD Plan 4221	18	0	18
Washougal School District Total					**295**	**0**	**295**
Washtucna School District	**ADMINISTRATORS**	Yes	**No**	SD Plan 2163	1	4	5
				SD Plan 3451	1	0	1
	BUSINESS MNGR	No	**Yes**	SD Plan 0029	1	0	1
	CERTIFIED EMP	Yes	**No**	SD Plan 0029	3	1	4
				SD Plan 2163	7	3	10
				SD Plan 2164	2	0	2
	CLASSIFIED EMPL	No	**Yes**	SD Plan 0029	1	0	1
				SD Plan 2163	3	6	9
				SD Plan 2164	1	4	5
				SD Plan 2165	3	4	7
Washtucna School District Total					**23**	**22**	**45**
Waterville School District	**EDUCATIONAL SUPPORT PE**	No	**Yes**	SD Plan 1881	5	0	5
				SD Plan 4094	3	0	3
				SD Plan 4095	1	0	1
	NON REPRESENTED EMPLO	No	**Yes**	SD Plan 1882	1	0	1
		Yes	**No**	SD Plan 1882	1	0	1
				SD Plan 4094	1	0	1
	SCHOOL MAINTENANCE EM	No	**Yes**	SD Plan 1881	1	0	1
				SD Plan 1883	1	0	1
				SD Plan 4094	1	0	1
				SD Plan 4095	1	0	1
	TEACHERS UNION	No	**Yes**	SD Plan 1881	1	0	1
				SD Plan 1882	1	0	1
				SD Plan 4094	4	0	4
				SD Plan 4095	2	0	2

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		Yes	**No**	SD Plan 1881	3	0	3
				SD Plan 4094	4	0	4
				SD Plan 4096	3	0	3
Waterville School District Total					**34**	**0**	**34**
Wellpinit School District	**CERTIFIED**	Yes	**No**	SD Plan 0537	34	0	34
	CLASSIFIED	No	**Yes**	SD Plan 0537	32	0	32
Wellpinit School District Total					**66**	**0**	**66**
Wenatchee School District	**2CLDIR = 260 DAYS**	No	**Yes**	SD Plan 1874	5	0	5
				SD Plan 1875	2	0	2
	2CLDIR<260 DAYS	No	**Yes**	SD Plan 1874	2	0	2
				SD Plan 3834	1	0	1
	ADMINISTRATION	Yes	**No**	SD Plan 1874	31	0	31
				SD Plan 1876	1	0	1
	Administration Classifed	No	**Yes**	SD Plan 1874	2	0	2
	BUS DRIVERS	No	**Yes**	SD Plan 1874	3	0	3
				SD Plan 1875	3	0	3
				SD Plan 1876	2	0	2
				SD Plan 1878	2	0	2
				SD Plan 3833	3	0	3
				SD Plan 3834	1	0	1
	Certficated	Yes	**No**	SD Plan 1874	249	0	249
				SD Plan 1875	83	0	83
				SD Plan 1876	52	0	52
				SD Plan 1878	3	0	3
				SD Plan 3832	42	0	42
				SD Plan 3833	21	0	21
				SD Plan 3834	9	0	9
	DO ACCOUNTING	No	**Yes**	SD Plan 1874	3	0	3
	DO Secretaries	No	**Yes**	SD Plan 1874	1	0	1
				SD Plan 1875	3	0	3
	Food Service Managers	No	**Yes**	SD Plan 1874	1	0	1
				SD Plan 1875	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 1876	1	0	1
				SD Plan 3833	1	0	1
	Food Service Workers	No	**Yes**	SD Plan 1874	1	0	1
				SD Plan 1875	3	0	3
				SD Plan 1876	4	0	4
				SD Plan 1878	3	0	3
				SD Plan 3832	8	0	8
				SD Plan 3833	6	0	6
				SD Plan 3834	1	0	1
	HR/Pay	No	**Yes**	SD Plan 1874	3	0	3
				SD Plan 1875	2	0	2
	M&O/Custodians	No	**Yes**	SD Plan 1874	31	0	31
				SD Plan 1875	10	0	10
				SD Plan 1876	10	0	10
				SD Plan 3832	3	0	3
				SD Plan 3833	3	0	3
	Managers/Asst. Directors/(	No	**Yes**	SD Plan 1874	3	0	3
				SD Plan 3834	1	0	1
	NON REP	No	**Yes**	SD Plan 1874	2	0	2
				SD Plan 1875	3	0	3
				SD Plan 1876	1	0	1
				SD Plan 3832	1	0	1
				SD Plan 3833	2	0	2
	Para/Sec/Tech	No	**Yes**	SD Plan 1874	50	0	50
				SD Plan 1875	38	0	38
				SD Plan 1876	24	0	24
				SD Plan 1878	5	0	5
				SD Plan 3832	41	0	41
				SD Plan 3833	34	0	34
				SD Plan 3834	5	0	5
Wenatchee School District Total					**826**	**0**	**826**
West Valley School District (Spokane)	**AIDE**	No	**Yes**	SD Plan 2124	48	0	48

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2126	9	0	9
				SD Plan 2129	6	0	6
	BUS DR	No	**Yes**	SD Plan 2124	7	0	7
				SD Plan 2126	1	0	1
				SD Plan 2129	1	0	1
	CERT ADM	Yes	**No**	SD Plan 2129	2	0	2
	CUSTODIAN	No	**Yes**	SD Plan 2124	21	0	21
				SD Plan 2126	6	0	6
				SD Plan 2129	2	0	2
	FOOD SERV	No	**Yes**	SD Plan 2124	7	0	7
	Maintenance	No	**Yes**	SD Plan 2124	5	0	5
				SD Plan 2129	1	0	1
	MECHANIC	No	**Yes**	SD Plan 2124	2	0	2
	PRINCIPAL	Yes	**No**	SD Plan 2124	3	0	3
				SD Plan 2129	9	0	9
	PROFESSIONAL	No	**Yes**	SD Plan 2124	13	0	13
				SD Plan 2126	1	0	1
				SD Plan 2129	12	0	12
	RN CLASS	No	**Yes**	SD Plan 2124	2	0	2
				SD Plan 2129	1	0	1
	SECRETARY	No	**Yes**	SD Plan 2124	11	0	11
				SD Plan 2126	2	0	2
				SD Plan 2129	5	0	5
	TEACHER	No	**Yes**	SD Plan 2124	1	0	1
				SD Plan 2129	2	0	2
		Yes	**No**	SD Plan 2124	107	0	107
				SD Plan 2126	48	0	48
				SD Plan 2129	64	0	64
	TECHNOLOGY	No	**Yes**	SD Plan 2124	1	0	1
				SD Plan 2129	3	0	3
West Valley School District (Spokane) Total					**403**	**0**	**403**
West Valley School District (Yakima)	**.400 FTE**	Yes	**No**	SD Plan 3186	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3187	1	0	1
	.500 FTE BC	Yes	**No**	SD Plan 3186	1	0	1
	.600 FTE	Yes	**No**	SD Plan 3186	1	0	1
	.700 FTE BC	Yes	**No**	SD Plan 3186	1	0	1
	.800 FTE BC	Yes	**No**	SD Plan 0021	1	0	1
	1.0 FTE	Yes	**No**	SD Plan 0020	93	0	93
				SD Plan 0021	77	0	77
				SD Plan 0022	11	0	11
				SD Plan 0512	3	0	3
				SD Plan 0659	8	0	8
				SD Plan 3186	55	0	55
				SD Plan 3187	7	0	7
				SD Plan 3188	2	0	2
	BUS DRIVER	No	**Yes**	SD Plan 0849	10	0	10
				SD Plan 0850	4	0	4
				SD Plan 0851	3	0	3
	CENTRAL OFFICE	No	**Yes**	SD Plan 0020	3	0	3
				SD Plan 0021	4	0	4
				SD Plan 2886	1	0	1
				SD Plan 3186	2	0	2
	CERT TERMINATED	Yes	**No**	SD Plan 3187	1	0	1
	COORDINATOR	No	**Yes**	SD Plan 0021	1	0	1
				SD Plan 0852	1	0	1
				SD Plan 2886	2	0	2
	COPY CENTER	No	**Yes**	SD Plan 0021	1	0	1
	COTA	No	**Yes**	SD Plan 0852	2	0	2
				SD Plan 0853	1	0	1
	CUSTODIAN	No	**Yes**	SD Plan 0333	9	0	9
				SD Plan 0852	10	0	10
				SD Plan 0853	4	0	4
				SD Plan 2886	5	0	5
	DEAN OF STUDENT	Yes	**No**	SD Plan 0020	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3186	1	0	1
	DIRECTOR FOOD	No	**Yes**	SD Plan 0333	1	0	1
	DIRECTOR OF HR	No	**Yes**	SD Plan 2886	1	0	1
	DIRECTOR SHOP	No	**Yes**	SD Plan 0333	1	0	1
	DIRECTOR TECH	No	**Yes**	SD Plan 0852	1	0	1
	DIRECTOR TRANSP	No	**Yes**	SD Plan 0333	1	0	1
	DUAL/BUS & FOOD	No	**Yes**	SD Plan 0849	2	0	2
				SD Plan 0850	1	0	1
	FOOD SERVICE	No	**Yes**	SD Plan 0849	2	0	2
				SD Plan 0850	2	0	2
				SD Plan 0851	4	0	4
	Maintenance	No	**Yes**	SD Plan 0333	5	0	5
				SD Plan 0850	2	0	2
				SD Plan 0852	4	0	4
				SD Plan 0853	2	0	2
				SD Plan 2886	5	0	5
	PARAPRO	No	**Yes**	SD Plan 0020	16	0	16
				SD Plan 0021	30	0	30
				SD Plan 0022	7	0	7
				SD Plan 0512	9	0	9
				SD Plan 0659	1	0	1
				SD Plan 3186	5	0	5
				SD Plan 3187	10	0	10
	PRINCIPALS	Yes	**No**	SD Plan 0020	3	0	3
				SD Plan 0021	5	0	5
				SD Plan 0022	1	0	1
				SD Plan 0512	1	0	1
				SD Plan 3186	1	0	1
				SD Plan 3187	2	0	2
	ROTC	No	**Yes**	SD Plan 0852	1	0	1
	SECRETARY	No	**Yes**	SD Plan 0020	5	0	5
				SD Plan 0021	6	0	6

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				SD Plan 0022	1	0	1
				SD Plan 0512	3	0	3
				SD Plan 3186	9	0	9
	SPCIALSERVDIREC	Yes	**No**	SD Plan 0852	1	0	1
	SUPERINTENDENTS	Yes	**No**	SD Plan 0020	1	0	1
				SD Plan 0022	2	0	2
	SUPERVISORPCHP	No	**Yes**	SD Plan 2886	1	0	1
West Valley School District (Yakima) Total					**483**	**0**	**483**
White Pass School District	**CERT- PART TIME**	Yes	**No**	SD Plan 2523	1	0	1
	CLASSIFIED EXEM	No	**Yes**	SD Plan 2179	1	0	1
				SD Plan 2180	1	0	1
				SD Plan 2523	1	0	1
	CLASSIFIED FT	No	**Yes**	SD Plan 2523	2	0	2
				SD Plan 2524	1	0	1
	CLASSIFIED PT	No	**Yes**	SD Plan 2179	3	0	3
				SD Plan 2180	2	0	2
				SD Plan 2523	6	0	6
				SD Plan 2524	6	0	6
				SD Plan 2525	1	0	1
	NURSE	Yes	**No**	SD Plan 2523	1	0	1
	PRINCIPAL	Yes	**No**	SD Plan 2180	1	0	1
				SD Plan 2523	1	0	1
	SECRETARY	No	**Yes**	SD Plan 2180	1	0	1
				SD Plan 2523	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 2523	1	0	1
	TEACHER	Yes	**No**	SD Plan 2179	2	0	2
				SD Plan 2523	9	0	9
				SD Plan 2524	7	0	7
				SD Plan 2525	1	0	1
				SD Plan 3179	1	0	1
White Pass School District Total					**51**	**0**	**51**
White River School District	**BUS / IUOE**	No	**Yes**	SD Plan 0399	2	0	2

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 0401	4	0	4
				SD Plan 0613	2	0	2
				SD Plan 0614	4	0	4
	CUST./ IUOE	No	**Yes**	SD Plan 0399	1	0	1
				SD Plan 0401	5	0	5
				SD Plan 0613	3	0	3
				SD Plan 0614	6	0	6
	EXEMPT	No	**Yes**	SD Plan 0399	1	0	1
				SD Plan 0401	4	0	4
				SD Plan 0613	3	0	3
				SD Plan 0614	1	0	1
		Yes	**No**	SD Plan 0614	4	0	4
	PRINC-ASSOC	Yes	**No**	SD Plan 0399	2	0	2
				SD Plan 0401	2	0	2
				SD Plan 0613	2	0	2
	PSE	No	**Yes**	SD Plan 0399	7	0	7
				SD Plan 0401	11	0	11
				SD Plan 0600	1	0	1
				SD Plan 0613	26	0	26
				SD Plan 0614	16	0	16
	WREA	Yes	**No**	SD Plan 0399	12	0	12
				SD Plan 0401	28	0	28
				SD Plan 0600	2	0	2
				SD Plan 0613	29	0	29
				SD Plan 0614	70	0	70
White River School District Total					**248**	**0**	**248**
White Salmon Valley School District	**ADMINISTRATION**	No	**Yes**	SD Plan 4183	1	0	1
		Yes	**No**	SD Plan 4183	1	0	1
				SD Plan 4187	4	0	4
	CERT-HALF/TIME	Yes	**No**	SD Plan 4187	3	0	3
	CERTS MONTH.	No	**Yes**	SD Plan 4187	1	0	1
		Yes	**No**	SD Plan 4183	41	0	41

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 4185	5	0	5
				SD Plan 4187	11	0	11
				SD Plan 4189	2	0	2
	CLASS SCHOOL YR	No	**Yes**	SD Plan 2772	1	0	1
				SD Plan 2878	5	0	5
				SD Plan 3134	16	0	16
				SD Plan 3135	8	0	8
				SD Plan 4187	1	0	1
	CLASS-MONTHLY	No	**Yes**	SD Plan 2878	1	0	1
				SD Plan 3134	10	0	10
				SD Plan 3135	5	0	5
White Salmon Valley School District Total					**116**	**0**	**116**
Wilbur School District	**CERT ADMIN SLRY**	No	**Yes**	SD Plan 0658	1	0	1
		Yes	**No**	SD Plan 0658	1	0	1
	CLSS MNTHLY HRS	No	**Yes**	SD Plan 0657	8	0	8
				SD Plan 0658	4	0	4
				SD Plan 4078	4	0	4
	PEBB HCA	No	**Yes**	SD Plan 3469	8	0	8
		Yes	**No**	SD Plan 3469	12	0	12
Wilbur School District Total					**38**	**0**	**38**
Willapa Valley School District	**CERT-MONTHLY**	Yes	**No**	SD Plan 0578	22	0	22
	Class Admin	No	**Yes**	SD Plan 0369	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0369	5	0	5
				SD Plan 0372	1	0	1
				SD Plan 0542	1	0	1
				SD Plan 0745	7	0	7
	PRINCIPAL	Yes	**No**	SD Plan 0578	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 0372	1	0	1
Willapa Valley School District Total					**39**	**0**	**39**
Wilson Creek School District	**CERTIFICATED**	Yes	**No**	SD Plan 2930	12	0	12
	CLASSIFIED	No	**Yes**	SD Plan 2204	13	0	13
				SD Plan 2206	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2930	1	0	1
Wilson Creek School District Total					**29**	**0**	**29**
Winlock School District	**CERTS**	No	**Yes**	SD Plan 0428	3	5	8
				SD Plan 0746	1	0	1
				SD Plan 0747	1	0	1
				SD Plan 2216	2	2	4
				SD Plan 2217	2	0	2
				SD Plan 2218	1	1	2
				SD Plan 3740	1	0	1
		Yes	**No**	SD Plan 0428	10	7	17
				SD Plan 0547	1	0	1
				SD Plan 0746	1	0	1
				SD Plan 0747	2	0	2
				SD Plan 0749	1	0	1
				SD Plan 2216	5	6	11
				SD Plan 2217	4	3	7
				SD Plan 2218	3	4	7
				SD Plan 3740	1	0	1
	CLASSIFIED	No	**Yes**	SD Plan 0428	5	4	9
				SD Plan 0547	5	4	9
				SD Plan 0746	3	0	3
				SD Plan 0747	2	2	4
				SD Plan 0750	1	0	1
				SD Plan 2216	3	1	4
				SD Plan 2217	1	3	4
				SD Plan 2218	10	12	22
				SD Plan 3740	5	0	5
	DO CLASS	No	**Yes**	SD Plan 0428	2	0	2
				SD Plan 2216	2	1	3
	PRINCIPAL	No	**Yes**	SD Plan 0428	1	0	1
		Yes	**No**	SD Plan 0428	1	0	1
	SUPERINTENDENT	Yes	**No**	SD Plan 2218	1	2	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
Winlock School District Total					**81**	**57**	**138**
Wishkah Valley School District	**260 DAY CLASS**	No	**Yes**	SD Plan 0745	3	0	3
	CERTMONTHLY	No	**Yes**	SD Plan 0745	1	0	1
		Yes	**No**	SD Plan 0745	13	0	13
	CLASSIFIED-MO	No	**Yes**	SD Plan 0745	6	0	6
	SUPERINTENDENT	Yes	**No**	SD Plan 0745	1	0	1
Wishkah Valley School District Total					**24**	**0**	**24**
Wishram School District	**ADMINISTRATOR**	No	**Yes**	SD Plan 0578	1	0	1
		Yes	**No**	SD Plan 0251	1	0	1
	CLASSIFIED 6.75	No	**Yes**	SD Plan 0578	1	0	1
	CLASSIFIED 8.0	No	**Yes**	SD Plan 0251	1	0	1
				SD Plan 0578	3	0	3
	CLASSIFIED-260	No	**Yes**	SD Plan 0578	2	0	2
	CLASSIFIED-7.0	No	**Yes**	SD Plan 0578	1	0	1
	KIND/PRE	Yes	**No**	SD Plan 0578	1	0	1
	TEACHERS	Yes	**No**	SD Plan 0578	9	0	9
Wishram School District Total					**20**	**0**	**20**
Woodland School District	**001 CERTS**	No	**Yes**	SD Plan 2306	1	2	3
				SD Plan 3359	4	12	16
				SD Plan 3360	4	0	4
				SD Plan 3694	7	6	13
				SD Plan 3696	4	5	9
				SD Plan 3780	2	6	8
		Yes	**No**	SD Plan 2306	1	2	3
				SD Plan 3359	22	24	46
				SD Plan 3360	6	2	8
				SD Plan 3694	21	22	43
				SD Plan 3695	3	5	8
				SD Plan 3696	11	9	20
				SD Plan 3697	10	3	13
				SD Plan 3698	6	2	8
				SD Plan 3699	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3780	11	22	33
				SD Plan 3809	3	2	5
				SD Plan 4108	1	1	2
	002 ADMIN	Yes	**No**	SD Plan 2306	1	0	1
				SD Plan 3359	1	0	1
				SD Plan 3694	4	7	11
				SD Plan 3696	1	0	1
	003 CLASSIFIED	No	**Yes**	SD Plan 3359	15	7	22
				SD Plan 3360	11	2	13
				SD Plan 3694	5	5	10
				SD Plan 3695	4	3	7
				SD Plan 3697	6	6	12
				SD Plan 3698	3	3	6
				SD Plan 3699	1	0	1
				SD Plan 3780	12	10	22
				SD Plan 3809	5	7	12
				SD Plan 4108	1	1	2
	004 BUS DRIVERS	No	**Yes**	SD Plan 3359	16	7	23
				SD Plan 3360	14	2	16
				SD Plan 3695	2	1	3
				SD Plan 3697	2	0	2
				SD Plan 3780	4	5	9
				SD Plan 3809	4	6	10
				SD Plan 4108	2	0	2
	005 - CLASS NON-REP	No	**Yes**	SD Plan 3359	2	0	2
				SD Plan 3360	2	2	4
				SD Plan 3694	2	0	2
				SD Plan 3695	1	3	4
				SD Plan 3696	1	0	1
				SD Plan 3698	1	5	6
				SD Plan 3780	1	5	6
	006 SECRETARY	No	**Yes**	SD Plan 3359	4	0	4

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 3360	3	2	5
				SD Plan 3695	1	2	3
				SD Plan 3699	1	0	1
				SD Plan 3780	3	3	6
				SD Plan 3809	1	0	1
	SUPT ASST SUPT BUS MGR	No	**Yes**	SD Plan 3780	1	3	4
Woodland School District Total					**258**	**222**	**480**
Yakima School District	**ASST PRINCIPAL**	Yes	**No**	SD Plan 2500	5	0	5
				SD Plan 2506	3	0	3
				SD Plan 2508	10	0	10
	CERT ADMIN 215	Yes	**No**	SD Plan 2500	2	0	2
				SD Plan 2506	5	0	5
				SD Plan 2508	4	0	4
	CERT ADMIN 220	Yes	**No**	SD Plan 2506	4	0	4
				SD Plan 2508	9	0	9
	CERT AUDIO PT	Yes	**No**	SD Plan 2508	1	0	1
	CERT COUNSELOR	Yes	**No**	SD Plan 2500	3	0	3
				SD Plan 2502	1	0	1
				SD Plan 2506	13	0	13
				SD Plan 2508	15	0	15
	CERT INTERV	Yes	**No**	SD Plan 2500	2	0	2
				SD Plan 2505	1	0	1
				SD Plan 2506	6	0	6
				SD Plan 2508	14	0	14
	CERT MUSIC PT	Yes	**No**	SD Plan 2506	1	0	1
	CERT NURSE	Yes	**No**	SD Plan 2500	1	0	1
				SD Plan 2502	1	0	1
				SD Plan 2506	2	0	2
				SD Plan 2508	1	0	1
	CERT OCCUP PT	Yes	**No**	SD Plan 2508	1	0	1
	CERT OT	Yes	**No**	SD Plan 2500	1	0	1
				SD Plan 2508	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CERT PE PT	Yes	**No**	SD Plan 2508	1	0	1
	CERT PSYCH	Yes	**No**	SD Plan 2500	1	0	1
				SD Plan 2502	1	0	1
				SD Plan 2506	2	0	2
				SD Plan 2508	6	0	6
	CERT PSYCH PT	Yes	**No**	SD Plan 2505	1	0	1
				SD Plan 2508	1	0	1
	CERT SLP	Yes	**No**	SD Plan 2500	2	0	2
				SD Plan 2506	2	0	2
				SD Plan 2508	10	0	10
	CERT SLP PT	Yes	**No**	SD Plan 2506	1	0	1
				SD Plan 2508	1	0	1
	CERT TOSA	Yes	**No**	SD Plan 2500	6	0	6
				SD Plan 2502	1	0	1
				SD Plan 2506	10	0	10
				SD Plan 2508	19	0	19
	CERT YEA	Yes	**No**	SD Plan 2274	12	0	12
				SD Plan 2500	96	0	96
				SD Plan 2502	12	0	12
				SD Plan 2505	2	0	2
				SD Plan 2506	248	0	248
				SD Plan 2508	301	0	301
	CERT YEA LIBR	Yes	**No**	SD Plan 2500	4	0	4
				SD Plan 2506	5	0	5
				SD Plan 2508	10	0	10
	CERT YEA MUSIC	Yes	**No**	SD Plan 2500	2	0	2
				SD Plan 2502	1	0	1
				SD Plan 2506	11	0	11
				SD Plan 2508	11	0	11
	CERT YEA PART	Yes	**No**	SD Plan 2500	1	0	1
				SD Plan 2506	1	0	1
				SD Plan 2508	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
	CERT YEA PE	Yes	**No**	SD Plan 2500	6	0	6
				SD Plan 2502	1	0	1
				SD Plan 2506	13	0	13
				SD Plan 2508	21	0	21
	CLASS ADMIN 220	No	**Yes**	SD Plan 2500	3	0	3
				SD Plan 2502	1	0	1
				SD Plan 2505	1	0	1
				SD Plan 2508	8	0	8
	CLASS COOK HRLY	No	**Yes**	SD Plan 2274	2	0	2
				SD Plan 2500	4	0	4
				SD Plan 2502	2	0	2
				SD Plan 2506	28	0	28
				SD Plan 2508	28	0	28
	CLASS COOK MANG	No	**Yes**	SD Plan 2274	3	0	3
				SD Plan 2500	4	0	4
				SD Plan 2506	2	0	2
				SD Plan 2508	7	0	7
	CLASS EXEMPT	No	**Yes**	SD Plan 2500	2	0	2
				SD Plan 2508	2	0	2
	CLASS MAINT	No	**Yes**	SD Plan 2274	4	0	4
				SD Plan 4083	5	0	5
	CLASS OPERATION	No	**Yes**	SD Plan 2500	1	0	1
				SD Plan 2511	36	0	36
				SD Plan 2512	9	0	9
				SD Plan 2513	13	0	13
				SD Plan 4083	17	0	17
	CLASS OSG	No	**Yes**	SD Plan 2500	3	0	3
				SD Plan 2506	5	0	5
				SD Plan 2508	9	0	9
	CLASS PARAED	No	**Yes**	SD Plan 2274	30	0	30
				SD Plan 2506	1	0	1
				SD Plan 2508	3	0	3

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 4083	60	0	60
	CLASS TECH	No	**Yes**	SD Plan 2511	6	0	6
				SD Plan 2512	3	0	3
				SD Plan 2513	1	0	1
	CLASS TRAN MECH	No	**Yes**	SD Plan 2512	1	0	1
				SD Plan 2513	1	0	1
				SD Plan 2514	1	0	1
	CLASS TRANSP	No	**Yes**	SD Plan 0659	3	0	3
				SD Plan 2511	21	0	21
				SD Plan 2512	5	0	5
				SD Plan 2513	13	0	13
				SD Plan 2514	5	0	5
	CLASS YEOP 197	No	**Yes**	SD Plan 2274	4	0	4
				SD Plan 2500	5	0	5
				SD Plan 2502	2	0	2
				SD Plan 2506	24	0	24
				SD Plan 2508	24	0	24
	CLASS YEOP 217	No	**Yes**	SD Plan 2500	3	0	3
				SD Plan 2506	9	0	9
				SD Plan 2508	8	0	8
	CLASS YEOP 260	No	**Yes**	SD Plan 2500	7	0	7
				SD Plan 2506	9	0	9
				SD Plan 2508	25	0	25
	CLASS YPTA 182	No	**Yes**	SD Plan 2274	2	0	2
				SD Plan 2500	17	0	17
				SD Plan 2502	3	0	3
				SD Plan 2506	19	0	19
				SD Plan 2508	24	0	24
	CLASS YPTA 260	No	**Yes**	SD Plan 2274	4	0	4
				SD Plan 2506	3	0	3
				SD Plan 2508	2	0	2
	CLASS YPTA SEC	No	**Yes**	SD Plan 2500	1	0	1

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2506	6	0	6
				SD Plan 2508	4	0	4
	PRINCIPAL	Yes	**No**	SD Plan 2500	3	0	3
				SD Plan 2506	2	0	2
				SD Plan 2508	14	0	14
	SUPERINTENDENTS	Yes	**No**	SD Plan 2508	5	0	5
Yakima School District Total					**1,515**	**0**	**1,515**
Yelm School District	**ADMINISTRATOR/SUPPORT**	No	**Yes**	SD Plan 0649	3	0	3
		Yes	**No**	SD Plan 0649	4	0	4
	ADMINISTRATORS/SUPPOR	No	**Yes**	SD Plan 0542	3	0	3
				SD Plan 0646	1	0	1
				SD Plan 0649	6	0	6
		Yes	**No**	SD Plan 0542	4	0	4
				SD Plan 0646	7	0	7
				SD Plan 0649	3	0	3
	PUB SCH EMPL WASH	No	**Yes**	SD Plan 0542	68	0	68
				SD Plan 0646	18	0	18
				SD Plan 0649	46	0	46
				SD Plan 0652	19	0	19
				SD Plan 2048	17	0	17
				SD Plan 2049	9	0	9
				SD Plan 2050	5	0	5
	SECRETARIES ASSN	No	**Yes**	SD Plan 0542	8	0	8
				SD Plan 0646	5	0	5
				SD Plan 0649	9	0	9
				SD Plan 0652	2	0	2
				SD Plan 2048	3	0	3
				SD Plan 2050	1	0	1
	YELM EDUC ASSN	Yes	**No**	SD Plan 0542	80	0	80
				SD Plan 0646	82	0	82
				SD Plan 0649	48	0	48
				SD Plan 0652	26	0	26

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District	Group Name	Certificated	Classified	School District Health Plan	Employees	Dependents	Members
				SD Plan 2048	22	0	22
				SD Plan 2049	11	0	11
				SD Plan 2050	2	0	2
				SD Plan 2051	4	0	4
Yelm School District Total					**516**	**0**	**516**
Zillah School District	**CLASSIFIED**	No	**Yes**	SD Plan 0625	46	24	70
				SD Plan 3743	1	3	4
	PRINCIPALS	No	**Yes**	SD Plan 3743	1	3	4
		Yes	**No**	SD Plan 3743	5	8	13
	TEACHERS	No	**Yes**	SD Plan 0625	13	24	37
		Yes	**No**	SD Plan 0625	65	78	143
	UNREPRESENTED	No	**Yes**	SD Plan 3743	6	1	7
Zillah School District Total					**137**	**141**	**278**
Grand Total					**101,092**	**37,001**	**138,093**

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 238
Coverage Begins: 10/1/2012
Actuarial Value: 0.8526

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	0%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	$0	30%
Outpatient Surgery Co-Payment	$0	30%
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 245
Coverage Begins: 10/1/2012
Actuarial Value: 0.6889

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	25%	50%
Outpatient Surgery Co-Payment	25%	50%
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/60/90	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 268
Coverage Begins: 10/1/2012
Actuarial Value: 0.5495

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	20%	$40
Inpatient Co-Payment	20%	40%
Outpatient Surgery Co-Payment	20%	40%
Emergency Room Co-Payment	20%	20%
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$6,000
Family	$6,000	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30/50	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/30/50	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30/50	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 269
Coverage Begins: 11/1/2012
Actuarial Value: 0.7270

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$20	$40
Outpatient Surgery Co-Payment	$20	$40
Emergency Room Co-Payment	$20	$40
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$5,500
Family	$11,000	$11,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 269
Coverage Begins: 11/1/2013
Actuarial Value: 0.7270

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$20	$40
Outpatient Surgery Co-Payment	$20	$40
Emergency Room Co-Payment	$20	$40
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$5,500
Family	$11,000	$11,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 270
Coverage Begins: 11/1/2012
Actuarial Value: 0.7750

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$25	$50
Outpatient Surgery Co-Payment	$25	$50
Emergency Room Co-Payment	$25	$25
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$12,000	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 270
Coverage Begins: 11/1/2013
Actuarial Value: 0.7750

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$25	$50
Outpatient Surgery Co-Payment	$25	$50
Emergency Room Co-Payment	$25	$25
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$4,000
Family	$12,000	$12,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 271
Coverage Begins: 11/1/2012
Actuarial Value: 0.8330

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$250
Family	$750	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	10%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$10	$20
Outpatient Surgery Co-Payment	$10	$20
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 271
Coverage Begins: 11/1/2013
Actuarial Value: 0.8330

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$250
Family	$750	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	10%	20%
Co-payments:		
Office Visit Co-Payment	$20	$20
Inpatient Co-Payment	$10	$20
Outpatient Surgery Co-Payment	$10	$20
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 272
Coverage Begins: 11/1/2012
Actuarial Value: 0.7470

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$30	$50
Outpatient Surgery Co-Payment	$30	$50
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 272
Coverage Begins: 11/1/2013
Actuarial Value: 0.7470

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$30	$50
Outpatient Surgery Co-Payment	$30	$50
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$120/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$40/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 273
Coverage Begins: 10/1/2012
Actuarial Value: 0.8265

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$4,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not Covered
Family	$6,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 273
Coverage Begins: 11/1/2013
Actuarial Value: 0.8235

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$4,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not Covered
Family	$6,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 274
Coverage Begins: 10/1/2012
Actuarial Value: 0.9026

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not Covered
Family	$6,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 275
Coverage Begins: 10/1/2012
Actuarial Value: 0.8838

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$75	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not Covered
Family	$6,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 275
Coverage Begins: 11/1/2013
Actuarial Value: 0.8766

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$75	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	Not Covered
Family	$6,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 276
Coverage Begins: 10/1/2012
Actuarial Value: 0.9041

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,800	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 276
Coverage Begins: 11/1/2013
Actuarial Value: 0.8934

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,800	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 277
Coverage Begins: 10/1/2012
Actuarial Value: 0.8618

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Not Covered
Family	$1,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$0	Not Covered
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	Not Covered
Family	$7,500	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 278
Coverage Begins: 11/1/2012
Actuarial Value: 0.8030

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 278
Coverage Begins: 11/1/2013
Actuarial Value: 0.8030

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 279
Coverage Begins: 11/1/2012
Actuarial Value: 0.8180

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/75/112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 279
Coverage Begins: 11/1/2013
Actuarial Value: 0.8180

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$12,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/75/112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 280
Coverage Begins: 11/1/2012
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$250
Family	$0	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	35%	50%
Co-payments:		
Office Visit Co-Payment	$35	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$7,500	$0
Family	$22,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/75/112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 280
Coverage Begins: 11/1/2013
Actuarial Value: 0.8000

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$250
Family	$0	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	35%	50%
Co-payments:		
Office Visit Co-Payment	$35	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$7,500	$0
Family	$22,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/75/112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	30%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 281
Coverage Begins: 10/1/2012
Actuarial Value: 0.9190

Plan Type: Closed Network
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$10	Not Covered
Outpatient Surgery Co-Payment	$10	Not Covered
Emergency Room Co-Payment	$125	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	$0
Family	$3,600	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 281
Coverage Begins: 10/1/2013
Actuarial Value: 0.9190

Plan Type: Closed Network
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$10	Not Covered
Outpatient Surgery Co-Payment	$10	Not Covered
Emergency Room Co-Payment	$125	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	$0
Family	$3,600	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 282
Coverage Begins: 10/1/2012
Actuarial Value: 0.7970

Plan Type: Closed Network
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$4,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$30	Not Covered
Outpatient Surgery Co-Payment	$30	Not Covered
Emergency Room Co-Payment	$250	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$150/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 282
Coverage Begins: 10/1/2013
Actuarial Value: 0.7970

Plan Type: Closed Network
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$4,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$30	Not Covered
Outpatient Surgery Co-Payment	$30	Not Covered
Emergency Room Co-Payment	$250	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$150/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 283
Coverage Begins: 10/1/2012
Actuarial Value: 0.8730

Plan Type: Closed Network
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$20	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$125	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	$0
Family	$3,600	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 283
Coverage Begins: 10/1/2013
Actuarial Value: 0.8730

Plan Type: Closed Network
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$20	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$125	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	$0
Family	$3,600	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 283
Coverage Begins: 11/1/2013
Actuarial Value: 0.8730

Plan Type: Closed Network
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$20	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$125	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	$0
Family	$3,600	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 285
Coverage Begins: 10/1/2012
Actuarial Value: 0.7760

Plan Type: Closed Network
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$4,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	Not Covered
Co-payments:		
Office Visit Co-Payment	$30	Not Covered
Inpatient Co-Payment	$30	Not Covered
Outpatient Surgery Co-Payment	$30	Not Covered
Emergency Room Co-Payment	$250	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$9,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$135	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 285
Coverage Begins: 10/1/2013
Actuarial Value: 0.7760

Plan Type: Closed Network
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$4,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	Not Covered
Co-payments:		
Office Visit Co-Payment	$30	Not Covered
Inpatient Co-Payment	$30	Not Covered
Outpatient Surgery Co-Payment	$30	Not Covered
Emergency Room Co-Payment	$250	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$9,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$45/$135	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 285
Coverage Begins: 11/1/2013
Actuarial Value: 0.7970

Plan Type: Closed Network
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	Not Covered
Family	$4,500	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	Not Covered
Co-payments:		
Office Visit Co-Payment	$50	Not Covered
Inpatient Co-Payment	$30	Not Covered
Outpatient Surgery Co-Payment	$30	Not Covered
Emergency Room Co-Payment	$250	Not Covered
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$150/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 286
Coverage Begins: 1/1/2013
Actuarial Value: 0.8700

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	150 max 5 copays	Not Covered
Outpatient Surgery Co-Payment	$15	Not Covered
Emergency Room Co-Payment	$250	$250
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40/50%coins	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80/50%coins	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 287
Coverage Begins: 1/1/2013
Actuarial Value: 0.8500

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	Not Covered
Family	$1,050	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	200 max 5 copays	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$300	$300
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40/50%coins	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80/50%coins	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 288
Coverage Begins: 1/1/2013
Actuarial Value: 0.8400

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,400	Not Covered
Family	$2,800	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	10% Coinsurance	Not Covered
Outpatient Surgery Co-Payment	$71	Not Covered
Emergency Room Co-Payment	$127	$127
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$10,200	$10,200
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40/50%coins	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80/50%coins	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 289
Coverage Begins: 11/1/2012
Actuarial Value: 0.7640

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$8,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	Major med Rx	
Retail		
Cost Share — Generic/Brand/Non-Formulary	Major med Rx	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	Major med Rx	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 289
Coverage Begins: 11/1/2013
Actuarial Value: 0.7640

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$0
Family	$8,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	Major med Rx	
Retail		
Cost Share — Generic/Brand/Non-Formulary	Major med Rx	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	Major med Rx	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 292
Coverage Begins: 10/1/2012
Actuarial Value: 0.9571

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$20/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$10/Not covered	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 293
Coverage Begins: 10/1/2012
Actuarial Value: 0.9510

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 294
Coverage Begins: 10/1/2012
Actuarial Value: 0.9393

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 298
Coverage Begins: 11/1/2012
Actuarial Value: 0.9279

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 300
Coverage Begins: 10/1/2012
Actuarial Value: 0.9458

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$15	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$15/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$15/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 301
Coverage Begins: 10/1/2012
Actuarial Value: 0.9356

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$15	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 301
Coverage Begins: 11/1/2013
Actuarial Value: 0.9338

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$15	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 302
Coverage Begins: 10/1/2012
Actuarial Value: 0.9326

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$15	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 302
Coverage Begins: 11/1/2013
Actuarial Value: 0.9326

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$15	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 303
Coverage Begins: 10/1/2012
Actuarial Value: 0.9446

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 304
Coverage Begins: 10/1/2012
Actuarial Value: 0.9421

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$15/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$30/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$15/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 305
Coverage Begins: 10/1/2012
Actuarial Value: 0.9329

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 306
Coverage Begins: 10/1/2012
Actuarial Value: 0.9215

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 308
Coverage Begins: 10/1/2012
Actuarial Value: 0.9334

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 308
Coverage Begins: 11/1/2013
Actuarial Value: 0.9334

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 310
Coverage Begins: 10/1/2012
Actuarial Value: 0.9314

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$0	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 311
Coverage Begins: 10/1/2012
Actuarial Value: 0.9212

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$100 per day	Not Covered
Outpatient Surgery Co-Payment	$50	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not Covered
Family	$2,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 315
Coverage Begins: 10/1/2012
Actuarial Value: 0.9150

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 315
Coverage Begins: 11/1/2013
Actuarial Value: 0.9150

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 316
Coverage Begins: 10/1/2012
Actuarial Value: 0.7500

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,700	Included In-Network
Family	$4,200	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,200	Included In-Network
Family	$8,400	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	Major med rx	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	Major med Rx	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 317
Coverage Begins: 1/1/2013
Actuarial Value: 0.8790

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$2
Family	$900	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,800	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 318
Coverage Begins: 10/1/2012
Actuarial Value: 0.9150

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 318
Coverage Begins: 11/1/2013
Actuarial Value: 0.9150

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 319
Coverage Begins: 10/1/2012
Actuarial Value: 0.8830

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$1,000
Family	$900	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,300	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 320
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 320
Coverage Begins: 11/1/2013
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 321
Coverage Begins: 10/1/2012
Actuarial Value: 0.8830

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$1,000
Family	$900	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,300	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 322
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 322
Coverage Begins: 11/1/2013
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 324
Coverage Begins: 10/1/2012
Actuarial Value: 0.8360

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$150/day Max 3 copays/contract yr	$150/day Max 3 copays/contract yr
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,700	Included In-Network
Family	$8,100	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50%(Min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50%(Min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 324
Coverage Begins: 10/1/2013
Actuarial Value: 0.8370

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$150/day Max 3 copays/contract yr	$150/day Max 3 copays/contract yr
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,700	Included In-Network
Family	$8,100	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50%(Min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50%(Min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 325
Coverage Begins: 10/1/2012
Actuarial Value: 0.7810

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$350/day Max 5 copays/admit	$350/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$10,500
Family	$16,500	$31,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$150 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 325
Coverage Begins: 10/1/2013
Actuarial Value: 0.7700

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$350/day Max 5 copays/admit	$350/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$10,500
Family	$16,500	$31,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$150 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 326
Coverage Begins: 10/1/2012
Actuarial Value: 0.8890

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Included In-Network
Family	$0	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$15	$20
Inpatient Co-Payment	$100/day Max 3 copays/contract yr	$100/day Max 3 copays/contract yr
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	Included In-Network
Family	$3,600	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/50%(Min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/50%(Min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 326
Coverage Begins: 10/1/2013
Actuarial Value: 0.8960

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,200	Included In-Network
Family	$3,600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$15	$40
Inpatient Co-Payment	$100/day Max 3 copays/contract yr	$100/day Max 3 copays/contract yr
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,200	Included In-Network
Family	$3,600	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/50%(Min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$15/50%(Min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 327
Coverage Begins: 10/1/2012
Actuarial Value: 0.7770

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$2,250	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 327
Coverage Begins: 10/1/2013
Actuarial Value: 0.7720

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$2,250	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 328
Coverage Begins: 10/1/2012
Actuarial Value: 0.8330

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$200/day Max 5 copays/contract yr	$200/day Max 5 copays/contract yr
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,700	Included In-Network
Family	$8,100	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50%(Min $35)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/50%(Min $35)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 332
Coverage Begins: 10/1/2012
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300/day Max 5 copays/admit	$300/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,200	$6,200
Family	$9,600	$18,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 332
Coverage Begins: 10/1/2013
Actuarial Value: 0.8090

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300/day Max 5 copays/admit	$300/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,200	$6,200
Family	$9,600	$18,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 334
Coverage Begins: 10/1/2012
Actuarial Value: 0.7810

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$350/day Max 5 copays/admit	$350/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$10,500
Family	$16,500	$31,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$150 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 334
Coverage Begins: 10/1/2013
Actuarial Value: 0.7590

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$350/day Max 5 copays/admit	$350/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$10,500
Family	$16,500	$31,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$150 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 335
Coverage Begins: 10/1/2012
Actuarial Value: 0.7640

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$2,250	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$35	$40
Inpatient Co-Payment	$400/day Max 5 copays/admit	$400/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$10,750
Family	$17,250	$32,250
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 335
Coverage Begins: 10/1/2013
Actuarial Value: 0.7400

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	Included In-Network
Family	$2,250	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$35	$40
Inpatient Co-Payment	$400/day Max 5 copays/admit	$400/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,750	$10,750
Family	$17,250	$32,250
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$7/$30/50%(Min $50)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 336
Coverage Begins: 10/1/2012
Actuarial Value: 0.8630

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Included In-Network
Family	$300	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$200 copay per admit	$200 copay per admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,100	$10,100
Family	$6,300	$30,300
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 336
Coverage Begins: 10/1/2013
Actuarial Value: 0.8560

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Included In-Network
Family	$300	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$200 copay per admit	$200 copay per admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,100	$10,100
Family	$6,300	$30,300
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 337
Coverage Begins: 10/1/2012
Actuarial Value: 0.8630

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Included In-Network
Family	$300	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$200 copay per admit	$200 copay per admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,100	$10,100
Family	$6,300	$30,300
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 337
Coverage Begins: 10/1/2013
Actuarial Value: 0.8550

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Included In-Network
Family	$300	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$200 copay per admit	$200 copay per admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,100	$10,100
Family	$6,300	$30,300
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 338
Coverage Begins: 10/1/2012
Actuarial Value: 0.8360

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300 copay per admit	$300 copay per admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,200	$10,200
Family	$9,600	$30,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 338
Coverage Begins: 10/1/2013
Actuarial Value: 0.8270

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300 copay per admit	$300 copay per admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,200	$10,200
Family	$9,600	$30,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 339
Coverage Begins: 10/1/2012
Actuarial Value: 0.8360

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300 copay per admit	$300 copay per admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,200	$10,200
Family	$9,600	$30,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 339
Coverage Begins: 10/1/2013
Actuarial Value: 0.8220

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300 copay per admit	$300 copay per admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,200	$10,200
Family	$9,600	$30,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 340
Coverage Begins: 10/1/2012
Actuarial Value: 0.7910

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$350 copay per admit	$350 copay per admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$10,500
Family	$16,500	$31,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$100 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 340
Coverage Begins: 10/1/2013
Actuarial Value: 0.7790

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$350 copay per admit	$350 copay per admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$10,500
Family	$16,500	$31,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$100 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 341
Coverage Begins: 10/1/2012
Actuarial Value: 0.7910

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$350 copay per admit	$350 copay per admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$10,500
Family	$16,500	$31,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$100 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 341
Coverage Begins: 10/1/2013
Actuarial Value: 0.7630

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$350 copay per admit	$350 copay per admit
Outpatient Surgery Co-Payment	$350	$350
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$10,500
Family	$16,500	$31,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$100 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 342
Coverage Begins: 10/1/2012
Actuarial Value: 0.7670

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$400 copay per admit	$400 copay per admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$11,000
Family	$18,000	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$200 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 342
Coverage Begins: 10/1/2013
Actuarial Value: 0.7550

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$400 copay per admit	$400 copay per admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$11,000
Family	$18,000	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$200 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 343
Coverage Begins: 10/1/2012
Actuarial Value: 0.7670

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$400 copay per admit	$400 copay per admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$11,000
Family	$18,000	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$200 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 343
Coverage Begins: 10/1/2013
Actuarial Value: 0.7240

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$400 copay per admit	$400 copay per admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$11,000
Family	$18,000	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$200 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 344
Coverage Begins: 10/1/2012
Actuarial Value: 0.8560

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Included In-Network
Family	$300	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$200/day Max 5 copays/admit	$200/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,600	$3,100
Family	$4,800	$9,300
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/50%(Max $100)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/50%(Max $100)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 344
Coverage Begins: 10/1/2013
Actuarial Value: 0.8460

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Included In-Network
Family	$300	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$200/day Max 5 copays/admit	$200/day Max 5 copays/admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,600	$3,100
Family	$4,800	$9,300
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/50%(Max $100)	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/50%(Max $100)	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 345
Coverage Begins: 10/1/2012
Actuarial Value: 0.8190

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$1,000
Family	$600	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$300/day Max 3 copays/admit	$300/day Max 3 copays/admit
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,700	$11,000
Family	$8,100	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 345
Coverage Begins: 10/1/2013
Actuarial Value: 0.8240

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$1,000
Family	$600	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	50%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$25	$50
Inpatient Co-Payment	$300/day Max 3 copays/admit	$300/day Max 3 copays/admit
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,700	$11,000
Family	$8,100	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 346
Coverage Begins: 1/1/2013
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,400	Included In-Network
Family	$2,800	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	15%	40%
Co-payments:		
Office Visit Co-Payment	$19	$40
Inpatient Co-Payment	15% Coinsurance	40% Coinsurance
Outpatient Surgery Co-Payment	$78	$208
Emergency Room Co-Payment	$186	$186
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,200	$4,200
Family	$8,400	$8,400
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 347
Coverage Begins: 1/1/2013
Actuarial Value: 0.8400

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Included In-Network
Family	$750	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	15%	40%
Co-payments:		
Office Visit Co-Payment	$19	$40
Inpatient Co-Payment	$200, max 3 copays/year	40% Coinsurance
Outpatient Surgery Co-Payment	$85	$228
Emergency Room Co-Payment	$191	$191
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$100	
Retail		
Cost Share — Generic/Brand/Non-Formulary	5%/10%/30%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	5%/10%/30%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$150	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 348
Coverage Begins: 11/1/2012
Actuarial Value: 0.9370

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$50	Included In-Network
Family	$150	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$20	$30
Inpatient Co-Payment	100 per day, 300 max PCY, combined IN and OON	Included In-Network
Outpatient Surgery Co-Payment	$50	$50
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	Included In-Network
Family	$1,500	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 349
Coverage Begins: 11/1/2012
Actuarial Value: 0.9010

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Included In-Network
Family	$300	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	150 per day, 450 max PCY, combined IN and OON	Included In-Network
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$4,500	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 350
Coverage Begins: 11/1/2012
Actuarial Value: 0.8660

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	300 per day, 900 max PCY, combined IN and OON	Included In-Network
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	Included In-Network
Family	$8,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 351
Coverage Begins: 11/1/2012
Actuarial Value: 0.9370

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$250
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	200 per admit, 600 max PCY, combined IN and OON	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 352
Coverage Begins: 10/1/2012
Actuarial Value: 0.9490

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 352
Coverage Begins: 11/1/2013
Actuarial Value: 0.9490

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 353
Coverage Begins: 11/1/2012
Actuarial Value: 0.9090

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 354
Coverage Begins: 11/1/2012
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 355
Coverage Begins: 10/1/2012
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 355
Coverage Begins: 11/1/2013
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 356
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 356
Coverage Begins: 11/1/2013
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 357
Coverage Begins: 10/1/2012
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 358
Coverage Begins: 11/1/2012
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 359
Coverage Begins: 10/1/2012
Actuarial Value: 0.9080

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 360
Coverage Begins: 10/1/2012
Actuarial Value: 0.9380

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 361
Coverage Begins: 10/1/2012
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,750	$3,750
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$3,750	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 362
Coverage Begins: 10/1/2012
Actuarial Value: 0.9490

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 362
Coverage Begins: 11/1/2013
Actuarial Value: 0.9490

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 363
Coverage Begins: 10/1/2012
Actuarial Value: 0.9090

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 363
Coverage Begins: 11/1/2013
Actuarial Value: 0.9090

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 364
Coverage Begins: 10/1/2012
Actuarial Value: 0.8670

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 365
Coverage Begins: 10/1/2012
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 366
Coverage Begins: 10/1/2012
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 367
Coverage Begins: 10/1/2012
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 367
Coverage Begins: 11/1/2013
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 368
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 368
Coverage Begins: 11/1/2013
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 369
Coverage Begins: 10/1/2012
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 370
Coverage Begins: 10/1/2012
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 370
Coverage Begins: 11/1/2013
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 374
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 378
Coverage Begins: 10/1/2012
Actuarial Value: 0.9250

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$10,500	$10,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 380
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$10,500	$10,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 381
Coverage Begins: 10/1/2012
Actuarial Value: 0.8870

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$10,500	$10,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 383
Coverage Begins: 10/1/2012
Actuarial Value: 0.9170

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 384
Coverage Begins: 10/1/2012
Actuarial Value: 0.9170

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 385
Coverage Begins: 10/1/2012
Actuarial Value: 0.9470

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	60%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 386
Coverage Begins: 10/1/2012
Actuarial Value: 0.9470

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	60%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 391
Coverage Begins: 10/1/2012
Actuarial Value: 0.9230

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,800	$1,800
Family	$5,400	$5,400
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 392
Coverage Begins: 10/1/2012
Actuarial Value: 0.8980

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	50%
All Other Services	80%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$1,750
Family	$5,250	$5,250
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 393
Coverage Begins: 10/1/2012
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 397
Coverage Begins: 11/1/2012
Actuarial Value: 0.7810

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 398
Coverage Begins: 11/1/2012
Actuarial Value: 0.8570

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 399
Coverage Begins: 11/1/2012
Actuarial Value: 0.8840

Plan Type: TRAD
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$250
Family	$750	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,250	$1,250
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$55	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$110	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 400
Coverage Begins: 11/1/2012
Actuarial Value: 0.8980

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$200
Family	$300	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$10,000
Family	$7,500	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$0/$0/$0	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$0/$0/$0	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 401
Coverage Begins: 11/1/2012
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 401
Coverage Begins: 11/1/2013
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 402
Coverage Begins: 10/1/2012
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 403
Coverage Begins: 10/1/2012
Actuarial Value: 0.8690

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$125	$125
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$10,500	$10,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 404
Coverage Begins: 10/1/2012
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 405
Coverage Begins: 10/1/2012
Actuarial Value: 0.7970

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 406
Coverage Begins: 10/1/2012
Actuarial Value: 0.7970

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 407
Coverage Begins: 10/1/2012
Actuarial Value: 0.7940

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 408
Coverage Begins: 10/1/2012
Actuarial Value: 0.7940

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 409
Coverage Begins: 10/1/2013
Actuarial Value: 0.7800

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	50%
All Other Services	80%	50%
Co-payments:		
Office Visit Co-Payment	$0	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$8,000
Family	$4,000	$8,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 410
Coverage Begins: 10/1/2013
Actuarial Value: 0.8700

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$1,500
Family	$2,250	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	50%
All Other Services	80%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$10,000
Family	$12,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 411
Coverage Begins: 10/1/2013
Actuarial Value: 0.9200

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$400	$800
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$15	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 412
Coverage Begins: 10/1/2013
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$150	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 413
Coverage Begins: 10/1/2013
Actuarial Value: 0.8800

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$300	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 414
Coverage Begins: 10/1/2012
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$250
Family	$300	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$10,000
Family	$0	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 414
Coverage Begins: 10/1/2013
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$250
Family	$300	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$200	$200
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$10,000
Family	$0	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$50/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 415
Coverage Begins: 10/1/2012
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 415
Coverage Begins: 10/1/2013
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$300	$300
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 416
Coverage Begins: 10/1/2012
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 416
Coverage Begins: 10/1/2013
Actuarial Value: 0.8200

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 417
Coverage Begins: 10/1/2012
Actuarial Value: 0.7700

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	80%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 417
Coverage Begins: 10/1/2013
Actuarial Value: 0.7700

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	80%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	n/a	
Specialty Days Supply	0	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 418
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 418
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 419
Coverage Begins: 10/1/2012
Actuarial Value: 0.9130

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 419
Coverage Begins: 10/1/2013
Actuarial Value: 0.9130

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 420
Coverage Begins: 10/1/2012
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 420
Coverage Begins: 10/1/2013
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 421
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 421
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 422
Coverage Begins: 10/1/2012
Actuarial Value: 0.8540

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 422
Coverage Begins: 10/1/2013
Actuarial Value: 0.8540

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 423
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 423
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 424
Coverage Begins: 10/1/2012
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 424
Coverage Begins: 10/1/2013
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 425
Coverage Begins: 10/1/2012
Actuarial Value: 0.8810

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 425
Coverage Begins: 10/1/2013
Actuarial Value: 0.8810

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 426
Coverage Begins: 10/1/2012
Actuarial Value: 0.8440

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/Per Admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 426
Coverage Begins: 10/1/2013
Actuarial Value: 0.8440

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/Per Admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 427
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 427
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 428
Coverage Begins: 10/1/2012
Actuarial Value: 0.8500

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 428
Coverage Begins: 10/1/2013
Actuarial Value: 0.8500

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 429
Coverage Begins: 1/1/2013
Actuarial Value: 0.8290

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 430
Coverage Begins: 10/1/2012
Actuarial Value: 0.8660

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 430
Coverage Begins: 10/1/2013
Actuarial Value: 0.8660

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 431
Coverage Begins: 10/1/2012
Actuarial Value: 0.8380

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$1,050	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$200	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$9,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 431
Coverage Begins: 10/1/2013
Actuarial Value: 0.8380

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$0
Family	$1,050	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$200	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$9,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 432
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 432
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 433
Coverage Begins: 10/1/2012
Actuarial Value: 0.8220

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 433
Coverage Begins: 10/1/2013
Actuarial Value: 0.8220

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 434
Coverage Begins: 10/1/2012
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 434
Coverage Begins: 10/1/2013
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 435
Coverage Begins: 10/1/2012
Actuarial Value: 0.8930

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 435
Coverage Begins: 10/1/2013
Actuarial Value: 0.8930

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 436
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 436
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 437
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 437
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 438
Coverage Begins: 10/1/2012
Actuarial Value: 0.8630

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 438
Coverage Begins: 10/1/2013
Actuarial Value: 0.8630

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 439
Coverage Begins: 10/1/2012
Actuarial Value: 0.8470

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 439
Coverage Begins: 10/1/2013
Actuarial Value: 0.8470

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 440
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 440
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 441
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 441
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 442
Coverage Begins: 10/1/2012
Actuarial Value: 0.8630

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 442
Coverage Begins: 10/1/2013
Actuarial Value: 0.8630

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 443
Coverage Begins: 10/1/2012
Actuarial Value: 0.8290

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 443
Coverage Begins: 10/1/2013
Actuarial Value: 0.8290

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 444
Coverage Begins: 10/1/2012
Actuarial Value: 0.8280

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 444
Coverage Begins: 10/1/2013
Actuarial Value: 0.8280

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 445
Coverage Begins: 10/1/2012
Actuarial Value: 0.8960

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 445
Coverage Begins: 10/1/2013
Actuarial Value: 0.8960

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 446
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/5 days/admit	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 446
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/5 days/admit	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 447
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 447
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 448
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 448
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 449
Coverage Begins: 10/1/2012
Actuarial Value: 0.9080

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 449
Coverage Begins: 10/1/2013
Actuarial Value: 0.9080

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 450
Coverage Begins: 10/1/2012
Actuarial Value: 0.8130

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$500/3 days/admit	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 450
Coverage Begins: 10/1/2013
Actuarial Value: 0.8130

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$500/3 days/admit	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 451
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 451
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 452
Coverage Begins: 10/1/2012
Actuarial Value: 0.9130

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 452
Coverage Begins: 10/1/2013
Actuarial Value: 0.9130

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 453
Coverage Begins: 10/1/2012
Actuarial Value: 0.8290

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 453
Coverage Begins: 10/1/2013
Actuarial Value: 0.8290

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 454
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 454
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 455
Coverage Begins: 10/1/2012
Actuarial Value: 0.8720

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 455
Coverage Begins: 10/1/2013
Actuarial Value: 0.8720

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 456
Coverage Begins: 10/1/2012
Actuarial Value: 0.8450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 456
Coverage Begins: 10/1/2013
Actuarial Value: 0.8450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 457
Coverage Begins: 1/1/2013
Actuarial Value: 0.9080

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$300 copay/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 458
Coverage Begins: 10/1/2012
Actuarial Value: 0.8400

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 458
Coverage Begins: 10/1/2013
Actuarial Value: 0.8400

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 459
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 459
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 460
Coverage Begins: 10/1/2012
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 460
Coverage Begins: 10/1/2013
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 461
Coverage Begins: 10/1/2012
Actuarial Value: 0.9140

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 461
Coverage Begins: 10/1/2013
Actuarial Value: 0.9140

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 462
Coverage Begins: 10/1/2012
Actuarial Value: 0.8770

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 462
Coverage Begins: 10/1/2013
Actuarial Value: 0.8770

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 463
Coverage Begins: 10/1/2012
Actuarial Value: 0.8970

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 463
Coverage Begins: 10/1/2013
Actuarial Value: 0.8970

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 464
Coverage Begins: 10/1/2012
Actuarial Value: 0.9140

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 464
Coverage Begins: 10/1/2013
Actuarial Value: 0.9140

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 465
Coverage Begins: 10/1/2012
Actuarial Value: 0.8150

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$5	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$5	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 465
Coverage Begins: 10/1/2013
Actuarial Value: 0.8150

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$5	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$5	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 466
Coverage Begins: 10/1/2012
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 466
Coverage Begins: 10/1/2013
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 467
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 467
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 468
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 468
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 469
Coverage Begins: 10/1/2012
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 469
Coverage Begins: 10/1/2013
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 470
Coverage Begins: 10/1/2012
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 470
Coverage Begins: 10/1/2013
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 471
Coverage Begins: 10/1/2012
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 471
Coverage Begins: 10/1/2013
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 472
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 472
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 473
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 473
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 474
Coverage Begins: 10/1/2012
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 474
Coverage Begins: 10/1/2013
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 475
Coverage Begins: 10/1/2012
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 475
Coverage Begins: 10/1/2013
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 476
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 476
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 477
Coverage Begins: 10/1/2012
Actuarial Value: 0.8730

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 477
Coverage Begins: 10/1/2013
Actuarial Value: 0.8730

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 478
Coverage Begins: 10/1/2012
Actuarial Value: 0.8730

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 478
Coverage Begins: 10/1/2013
Actuarial Value: 0.8730

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 479
Coverage Begins: 10/1/2012
Actuarial Value: 0.8760

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 479
Coverage Begins: 10/1/2013
Actuarial Value: 0.8760

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 480
Coverage Begins: 10/1/2012
Actuarial Value: 0.8670

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$15	80%
Inpatient Co-Payment	$100/3 days/admit	$100/3 days/admit
Outpatient Surgery Co-Payment	$15	$15
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 480
Coverage Begins: 10/1/2013
Actuarial Value: 0.8670

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$400
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$15	80%
Inpatient Co-Payment	$100/3 days/admit	$100/3 days/admit
Outpatient Surgery Co-Payment	$15	$15
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 481
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 481
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 482
Coverage Begins: 10/1/2012
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 482
Coverage Begins: 10/1/2013
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 483
Coverage Begins: 10/1/2012
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 483
Coverage Begins: 10/1/2013
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 484
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 484
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 485
Coverage Begins: 10/1/2012
Actuarial Value: 0.7840

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 485
Coverage Begins: 10/1/2013
Actuarial Value: 0.7840

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 486
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 486
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 487
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 487
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Individual	$500	$0
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Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

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Actuarial Value: 0.8520

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Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

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Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 489
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 490
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 490
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 491
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 491
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 492
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 492
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 493
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 493
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 494
Coverage Begins: 10/1/2012
Actuarial Value: 0.8290

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 494
Coverage Begins: 10/1/2013
Actuarial Value: 0.8290

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 495
Coverage Begins: 10/1/2012
Actuarial Value: 0.8730

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 495
Coverage Begins: 10/1/2013
Actuarial Value: 0.8730

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 496
Coverage Begins: 10/1/2012
Actuarial Value: 0.8730

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 496
Coverage Begins: 10/1/2013
Actuarial Value: 0.8730

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 497
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 497
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 498
Coverage Begins: 10/1/2012
Actuarial Value: 0.8850

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 498
Coverage Begins: 10/1/2013
Actuarial Value: 0.8850

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 499
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 499
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 500
Coverage Begins: 10/1/2012
Actuarial Value: 0.9020

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 500
Coverage Begins: 10/1/2013
Actuarial Value: 0.9020

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 501
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 501
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 502
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 502
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 503
Coverage Begins: 10/1/2012
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 503
Coverage Begins: 10/1/2013
Actuarial Value: 0.8710

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$750	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 504
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 504
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 505
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 505
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 506
Coverage Begins: 10/1/2012
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 506
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 507
Coverage Begins: 10/1/2012
Actuarial Value: 0.8150

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 507
Coverage Begins: 10/1/2013
Actuarial Value: 0.8150

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 508
Coverage Begins: 10/1/2012
Actuarial Value: 0.9040

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 508
Coverage Begins: 10/1/2013
Actuarial Value: 0.9040

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 509
Coverage Begins: 10/1/2012
Actuarial Value: 0.7540

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 509
Coverage Begins: 10/1/2013
Actuarial Value: 0.7540

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 510
Coverage Begins: 10/1/2012
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 510
Coverage Begins: 10/1/2013
Actuarial Value: 0.8650

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 511
Coverage Begins: 10/1/2012
Actuarial Value: 0.7780

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$200/Per admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 511
Coverage Begins: 10/1/2013
Actuarial Value: 0.7780

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$200/Per admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 512
Coverage Begins: 10/1/2012
Actuarial Value: 0.8150

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 512
Coverage Begins: 10/1/2013
Actuarial Value: 0.8150

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 513
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 514
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 515
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 516
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 517
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 518
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 519
Coverage Begins: 10/1/2012
Actuarial Value: 0.9130

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 519
Coverage Begins: 10/1/2013
Actuarial Value: 0.9130

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 520
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 520
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 521
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 521
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 522
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$20	80%
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	OON Cost shares apply/Per admit
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 522
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$20	80%
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	OON Cost shares apply/Per admit
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 523
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$20	80%
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	OON Cost shares apply/Per admit
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 523
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$20	80%
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	OON Cost shares apply/Per admit
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 524
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 524
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 525
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 525
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 526
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 526
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 527
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 527
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 528
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 528
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 529
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 529
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 530
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 530
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 531
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 531
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 532
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 532
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 533
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 533
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
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Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 534
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

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Office Visit Co-Payment	$0	$0
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Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 534
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
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Deductible (Per Plan Year):		
Individual	$1,500	$0
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Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
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Retail Days Supply	30	
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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 535
Coverage Begins: 10/1/2012
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

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Deductible (Per Plan Year):		
Individual	$1,500	$0
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Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
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Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
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Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
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Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 535
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
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Emergency Room Co-Payment	$0	$0
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Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

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Actuarial Value: 0.9450

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Emergency Room Co-Payment	$0	$0
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Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
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Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 536
Coverage Begins: 10/1/2013
Actuarial Value: 0.9450

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 537
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 538
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 539
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 540
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 541
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 542
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 543
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
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Emergency Room Co-Payment	$0	$0
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Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
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Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 544
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
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Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
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Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
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Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 545
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 546
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 547
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 548
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 549
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 550
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 551
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 552
Coverage Begins: 1/1/2013
Actuarial Value: 0.6480

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$0
Family	$3,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	Deductible and/or Coinsurance/ Per Admit	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 553
Coverage Begins: 10/1/2012
Actuarial Value: 0.8220

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 553
Coverage Begins: 10/1/2013
Actuarial Value: 0.8220

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,000	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 554
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 554
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 555
Coverage Begins: 1/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 556
Coverage Begins: 1/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 557
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 558
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 559
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 559
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 560
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 560
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 561
Coverage Begins: 11/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 10/31/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 561
Coverage Begins: 11/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 562
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 562
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 563
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 563
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 564
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 564
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 565
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 565
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 566
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 566
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 567
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 567
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 568
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 568
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 569
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 569
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 570
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 570
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 571
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 571
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 572
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 572
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 573
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 573
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 574
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 574
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 575
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 575
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 576
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 576
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 577
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 578
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 579
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 579
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 580
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 580
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 581
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 581
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 582
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 582
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 583
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 583
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 584
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 584
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 585
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 585
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 586
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 586
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$400	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$150	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 587
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 587
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 588
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 588
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 589
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 589
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 590
Coverage Begins: 1/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 591
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 591
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 592
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 592
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 593
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 593
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 594
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 594
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 595
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 595
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 596
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 596
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 597
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 597
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 598
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 598
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 599
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 599
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 600
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 600
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 601
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 601
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 602
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 602
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 603
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 603
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 604
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 604
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 605
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 605
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 606
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 606
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 607
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 607
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 608
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 608
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 609
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 609
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 610
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 610
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 611
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 611
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 612
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 612
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 613
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 613
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 614
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 614
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 615
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 615
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 616
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 616
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 617
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 617
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 618
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 618
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 619
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 619
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 620
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 620
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 621
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 621
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 622
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 622
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 623
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 623
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$15	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$15	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$2,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 624
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 624
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 625
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 625
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 626
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 626
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 627
Coverage Begins: 1/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 628
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 628
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 629
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 629
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 630
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 630
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 631
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 631
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 632
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 632
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 633
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 633
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 634
Coverage Begins: 1/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 635
Coverage Begins: 1/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 636
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 637
Coverage Begins: 1/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 638
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 639
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 640
Coverage Begins: 1/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 641
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 642
Coverage Begins: 1/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 643
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 644
Coverage Begins: 1/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 645
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 646
Coverage Begins: 1/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 647
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 648
Coverage Begins: 1/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 649
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 649
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 650
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 650
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 651
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 651
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 652
Coverage Begins: 10/1/2012
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 652
Coverage Begins: 10/1/2013
Actuarial Value: 0.8010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/5 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$15,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/$60	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 653
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 653
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 654
Coverage Begins: 10/1/2012
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 654
Coverage Begins: 10/1/2013
Actuarial Value: 0.8860

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$300	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 655
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 655
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 656
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 656
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 657
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 657
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 658
Coverage Begins: 10/1/2012
Actuarial Value: 0.9010

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 658
Coverage Begins: 10/1/2013
Actuarial Value: 0.9010

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	0%
All Other Services	90%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$50	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 659
Coverage Begins: 10/1/2012
Actuarial Value: 0.9080

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 659
Coverage Begins: 10/1/2013
Actuarial Value: 0.9080

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 660
Coverage Begins: 10/1/2012
Actuarial Value: 0.8910

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 660
Coverage Begins: 10/1/2013
Actuarial Value: 0.8910

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$10	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$10	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 661
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 661
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 662
Coverage Begins: 10/1/2012
Actuarial Value: 0.9080

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 662
Coverage Begins: 10/1/2013
Actuarial Value: 0.9080

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$0
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 663
Coverage Begins: 10/1/2012
Actuarial Value: 0.8430

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 663
Coverage Begins: 10/1/2013
Actuarial Value: 0.8430

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$0
Family	$500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$25	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 664
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 664
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/Per admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$100	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 665
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 665
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 666
Coverage Begins: 10/1/2012
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 666
Coverage Begins: 10/1/2013
Actuarial Value: 0.8610

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 667
Coverage Begins: 10/1/2012
Actuarial Value: 0.8040

Plan Type: HMO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 667
Coverage Begins: 10/1/2013
Actuarial Value: 0.8040

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$0
Family	$200	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$30	$0
Inpatient Co-Payment	$200/3 days/admit	$0
Outpatient Surgery Co-Payment	$100	$0
Emergency Room Co-Payment	$200	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$25/$50	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 668
Coverage Begins: 10/1/2012
Actuarial Value: 0.9120

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	80%
All Other Services	90%	80%
Co-payments:		
Office Visit Co-Payment	$25	80%
Inpatient Co-Payment	$200/ 3 days/admit	$200/ 3 days/admit
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 668
Coverage Begins: 10/1/2013
Actuarial Value: 0.9120

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	80%
All Other Services	90%	80%
Co-payments:		
Office Visit Co-Payment	$25	80%
Inpatient Co-Payment	$200/ 3 days/admit	$200/ 3 days/admit
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$25/$45	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 669
Coverage Begins: 10/1/2012
Actuarial Value: 0.8690

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 669
Coverage Begins: 10/1/2013
Actuarial Value: 0.8690

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	0%
All Other Services	80%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 670
Coverage Begins: 10/1/2012
Actuarial Value: 0.8750

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$25	80%
Inpatient Co-Payment	$200/3 days/admit	$200/3 days/admit
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 670
Coverage Begins: 10/1/2013
Actuarial Value: 0.8750

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$25	80%
Inpatient Co-Payment	$200/3 days/admit	$200/3 days/admit
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$4/$8/$25/$50	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 671
Coverage Begins: 10/1/2012
Actuarial Value: 0.8680

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 671
Coverage Begins: 10/1/2013
Actuarial Value: 0.8680

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	0%
All Other Services	100%	0%
Co-payments:		
Office Visit Co-Payment	$20	$0
Inpatient Co-Payment	$100/3 days/admit	$0
Outpatient Surgery Co-Payment	$20	$0
Emergency Room Co-Payment	$75	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$4,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 672
Coverage Begins: 10/1/2012
Actuarial Value: 0.8280

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$350
Family	$700	$700
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$25	80%
Inpatient Co-Payment	$100/3 days/admit	$100/3 days/admit
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 672
Coverage Begins: 10/1/2013
Actuarial Value: 0.8280

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$350	$350
Family	$700	$700
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$25	80%
Inpatient Co-Payment	$100/3 days/admit	$100/3 days/admit
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 673
Coverage Begins: 10/1/2012
Actuarial Value: 0.8730

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$20	80%
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	OON Cost shares apply/Per admit
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 673
Coverage Begins: 10/1/2013
Actuarial Value: 0.8730

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$20	80%
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	OON Cost shares apply/Per admit
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 674
Coverage Begins: 10/1/2012
Actuarial Value: 0.8730

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$20	80%
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	OON Cost shares apply/Per admit
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 674
Coverage Begins: 10/1/2013
Actuarial Value: 0.8730

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	100%	80%
Co-payments:		
Office Visit Co-Payment	$20	80%
Inpatient Co-Payment	Deductible and/or Coinsurance/Per Admit	OON Cost shares apply/Per admit
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,100	$5,100
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/$50 copay, deductible applies	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 675
Coverage Begins: 1/1/2013
Actuarial Value: 0.8020

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$0	70%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$4,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 676
Coverage Begins: 1/1/2013
Actuarial Value: 0.8020

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$0	70%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$4,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 677
Coverage Begins: 1/1/2013
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 678
Coverage Begins: 1/1/2013
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 679
Coverage Begins: 1/1/2013
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 680
Coverage Begins: 1/1/2013
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 681
Coverage Begins: 1/1/2013
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 682
Coverage Begins: 1/1/2013
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,000	$1,000
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 683
Coverage Begins: 1/1/2013
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 684
Coverage Begins: 1/1/2013
Actuarial Value: 0.8250

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$9,000	$9,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 685
Coverage Begins: 10/1/2012
Actuarial Value: 0.9080

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$0	70%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$4,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 685
Coverage Begins: 10/1/2013
Actuarial Value: 0.9080

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$0	70%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$4,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 686
Coverage Begins: 10/1/2012
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$25	70%
Inpatient Co-Payment	$200/Per admit	$200/Per admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 686
Coverage Begins: 10/1/2013
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$25	70%
Inpatient Co-Payment	$200/Per admit	$200/Per admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 687
Coverage Begins: 10/1/2012
Actuarial Value: 0.8510

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Specialty Days Supply	30	

Washington State Office of the Insurance Commissioner

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 687
Coverage Begins: 10/1/2013
Actuarial Value: 0.8510

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,000
Family	$1,500	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	80%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	60%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$0
Family	$6,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 688
Coverage Begins: 10/1/2012
Actuarial Value: 0.9080

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$0	70%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$4,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 688
Coverage Begins: 10/1/2013
Actuarial Value: 0.9080

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$400
Family	$600	$1,200
Coinsurance:		
Preventive Services (Exams and Screenings)	90%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$0	70%
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$0
Family	$4,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 689
Coverage Begins: 10/1/2012
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$25	70%
Inpatient Co-Payment	$200/Per admit	$200/Per admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 689
Coverage Begins: 10/1/2013
Actuarial Value: 0.9100

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$25	70%
Inpatient Co-Payment	$200/Per admit	$200/Per admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 690
Coverage Begins: 1/1/2013
Actuarial Value: 0.8910

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$25	70%
Inpatient Co-Payment	$200/Per admit	$200/Per admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 691
Coverage Begins: 1/1/2013
Actuarial Value: 0.8910

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$200
Family	$0	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	100%	70%
Co-payments:		
Office Visit Co-Payment	$25	70%
Inpatient Co-Payment	$200/Per admit	$200/Per admit
Outpatient Surgery Co-Payment	$75	$75
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$0
Family	$3,000	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$25/$50 copay	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 692
Coverage Begins: 11/1/2013
Actuarial Value: 0.9438

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 693
Coverage Begins: 11/1/2013
Actuarial Value: 0.9321

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 694
Coverage Begins: 11/1/2013
Actuarial Value: 0.9207

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$10	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 695
Coverage Begins: 11/1/2013
Actuarial Value: 0.9381

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/$20/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 696
Coverage Begins: 11/1/2013
Actuarial Value: 0.9264

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 697
Coverage Begins: 11/1/2013
Actuarial Value: 0.9150

Plan Type: HMO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$15	Not Covered
Inpatient Co-Payment	$50 per day	Not Covered
Outpatient Surgery Co-Payment	$20	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$600	Not Covered
Family	$1,200	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$40/$80/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$20/$40/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 698
Coverage Begins: 10/1/2013
Actuarial Value: 0.9135

Plan Type: HMO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	Not Covered
Family	$0	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	0%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	$100 per day	Not Covered
Outpatient Surgery Co-Payment	$50	Not Covered
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	Not Covered
Family	$2,000	Not Covered
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60/Not covered	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$15/$30/Not covered	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 699
Coverage Begins: 11/1/2013
Actuarial Value: 0.8560

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	Included In-Network
Family	$300	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$200 copay per admit	$200 copay per admit
Outpatient Surgery Co-Payment	$200	$200
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,100	$10,100
Family	$6,300	$30,300
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 700
Coverage Begins: 11/1/2013
Actuarial Value: 0.8240

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$300 copay per admit	$300 copay per admit
Outpatient Surgery Co-Payment	$300	$300
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,200	$10,200
Family	$9,600	$30,600
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 701
Coverage Begins: 11/1/2013
Actuarial Value: 0.7550

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	Included In-Network
Family	$3,000	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$400 copay per admit	$400 copay per admit
Outpatient Surgery Co-Payment	$400	$400
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,000	$11,000
Family	$18,000	$33,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$200 per enrollee	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$5/$30/$50	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 702
Coverage Begins: 11/1/2013
Actuarial Value: 0.7260

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,500	$13,000
Family	$13,000	$26,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	Subj to med ded/oop max	
Retail		
Cost Share — Generic/Brand/Non-Formulary	80%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	80%	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 703
Coverage Begins: 10/1/2013
Actuarial Value: 0.7260

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: N (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$0	$40
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$6,500	$13,000
Family	$13,000	$26,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	Subj to med ded/oop max	
Retail		
Cost Share — Generic/Brand/Non-Formulary	80%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	80%	
Mail-Order Days Supply	30	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	Not Covered	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 704
Coverage Begins: 1/1/2013
Actuarial Value: 0.8600

Plan Type: HMO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	Not Covered
Family	$750	Not Covered
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	15%	Not Covered
Co-payments:		
Office Visit Co-Payment	$20	Not Covered
Inpatient Co-Payment	15% after deductible	Not Covered
Outpatient Surgery Co-Payment	$108	Not Covered
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 705
Coverage Begins: 11/1/2013
Actuarial Value: 0.7840

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$4,500
Family	$3,000	$9,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	30%	50%
Co-payments:		
Office Visit Co-Payment	$35	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$300	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/30/50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/60/100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/30/50	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 706
Coverage Begins: 10/1/2013
Actuarial Value: 0.9150

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 706
Coverage Begins: 11/1/2013
Actuarial Value: 0.9150

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$300
Family	$300	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,100	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 707
Coverage Begins: 10/1/2013
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 707
Coverage Begins: 11/1/2013
Actuarial Value: 0.8520

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 708
Coverage Begins: 11/1/2013
Actuarial Value: 0.8960

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	Included In-Network
Family	$600	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	150 per day, 450 max PCY, combined IN and OON	Included In-Network
Outpatient Surgery Co-Payment	$100	$100
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	Included In-Network
Family	$4,500	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 709
Coverage Begins: 11/1/2013
Actuarial Value: 0.8620

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	Included In-Network
Family	$900	Included In-Network
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	300 per day, 900 max PCY, combined IN and OON	Included In-Network
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	Included In-Network
Family	$8,250	Included In-Network
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Mail-Order Days Supply	100	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 710
Coverage Begins: 11/1/2013
Actuarial Value: 0.9330

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$350
Family	$600	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	Not Covered
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	200 per admit, 600 max PCY, combined IN and OON	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	$0
Family	$1,500	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 711
Coverage Begins: 11/1/2012
Actuarial Value: 0.7270

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$20	$40
Outpatient Surgery Co-Payment	$20	$40
Emergency Room Co-Payment	$20	$40
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$5,500
Family	$11,000	$11,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Specialty Days Supply	30	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 711
Coverage Begins: 11/1/2013
Actuarial Value: 0.7270

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	40%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$20	$40
Inpatient Co-Payment	$20	$40
Outpatient Surgery Co-Payment	$20	$40
Emergency Room Co-Payment	$20	$40
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,500	$5,500
Family	$11,000	$11,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	20%/20%/50%	
Specialty Days Supply	30	

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K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 712
Coverage Begins: 11/1/2012
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 712
Coverage Begins: 11/1/2013
Actuarial Value: 0.6860

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 713
Coverage Begins: 11/1/2013
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 714
Coverage Begins: 1/1/2013
Actuarial Value: 0.9110

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$250
Family	$750	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	60%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$70/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 715
Coverage Begins: 1/1/2013
Actuarial Value: 0.8750

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	50%
Co-payments:		
Office Visit Co-Payment	$40	$50
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$40	$40
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$3,500
Family	$10,500	$10,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$70/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 716
Coverage Begins: 1/1/2013
Actuarial Value: 0.8530

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%	
Retail Days Supply	0	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%	
Mail-Order Days Supply	0	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 717
Coverage Begins: 1/1/2013
Actuarial Value: 0.7440

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,750	$3,750
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$3,750	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 718
Coverage Begins: 11/1/2013
Actuarial Value: 0.7940

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 719
Coverage Begins: 11/1/2013
Actuarial Value: 0.7940

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 720
Coverage Begins: 11/1/2013
Actuarial Value: 0.7970

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 721
Coverage Begins: 11/1/2013
Actuarial Value: 0.7970

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 722
Coverage Begins: 11/1/2013
Actuarial Value: 0.9170

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 723
Coverage Begins: 11/1/2013
Actuarial Value: 0.9170

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$25	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 724
Coverage Begins: 11/1/2013
Actuarial Value: 0.9470

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	60%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 725
Coverage Begins: 11/1/2013
Actuarial Value: 0.9470

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	60%
Co-payments:		
Office Visit Co-Payment	$25	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$25	$25
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 726
Coverage Begins: 11/1/2013
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 727
Coverage Begins: 11/1/2013
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 728
Coverage Begins: 11/1/2013
Actuarial Value: 0.8670

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 729
Coverage Begins: 11/1/2013
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 730
Coverage Begins: 11/1/2013
Actuarial Value: 0.9380

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 731
Coverage Begins: 11/1/2013
Actuarial Value: 0.9080

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 732
Coverage Begins: 11/1/2013
Actuarial Value: 0.8010

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 733
Coverage Begins: 11/1/2013
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,750	$3,750
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$3,750	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 734
Coverage Begins: 11/1/2013
Actuarial Value: 0.8060

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 735
Coverage Begins: 11/1/2013
Actuarial Value: 0.9490

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 736
Coverage Begins: 11/1/2013
Actuarial Value: 0.8900

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 737
Coverage Begins: 11/1/2013
Actuarial Value: 0.9070

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$500
Family	$1,500	$1,500
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 738
Coverage Begins: 11/1/2013
Actuarial Value: 0.9070

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 739
Coverage Begins: 11/1/2013
Actuarial Value: 0.7810

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 740
Coverage Begins: 11/1/2013
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 741
Coverage Begins: 11/1/2013
Actuarial Value: 0.8180

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$30	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 742
Coverage Begins: 11/1/2013
Actuarial Value: 0.8840

Plan Type: TRAD
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$250
Family	$750	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$20	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$1,750
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 743
Coverage Begins: 11/1/2013
Actuarial Value: 0.8450

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 744
Coverage Begins: 11/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 744
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 745
Coverage Begins: 11/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 745
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 746
Coverage Begins: 10/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 746
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 747
Coverage Begins: 10/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 747
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$3,000	$3,000
Family	$6,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 748
Coverage Begins: 11/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 749
Coverage Begins: 10/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 750
Coverage Begins: 10/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,750	$3,750
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$3,750	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 751
Coverage Begins: 1/1/2013
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$250
Family	$750	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	60%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$150	$150
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/$35/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$20/$70/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 752
Coverage Begins: 1/1/2013
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	0%
All Other Services	0%	0%
Co-payments:		
Office Visit Co-Payment	$0	$0
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0%	
Retail Days Supply	0	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0%	
Mail-Order Days Supply	0	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 753
Coverage Begins: 11/1/2013
Actuarial Value: 0.8300

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$30	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,000	$3,000
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 754
Coverage Begins: 11/1/2013
Actuarial Value: 0.8300

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$300
Family	$900	$900
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$30	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$30	$30
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 755
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$0
Family	$0	$0
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	80%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$0	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,000	$2,000
Family	$6,000	$6,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 756
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$35
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 757
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,750	$3,750
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$3,750	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 758
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$20	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 759
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	70%
All Other Services	90%	70%
Co-payments:		
Office Visit Co-Payment	$20	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,000	$1,000
Family	$3,000	$3,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$20/$40	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$40/$80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 760
Coverage Begins: 11/1/2013
Actuarial Value: 0.7520

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 761
Coverage Begins: 11/1/2012
Actuarial Value: 0.8300

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$250
Family	$750	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$20	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$1,750
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 761
Coverage Begins: 11/1/2013
Actuarial Value: 0.8300

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$250	$250
Family	$750	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	80%
Co-payments:		
Office Visit Co-Payment	$20	$80
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$20	$20
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$1,750
Family	$0	$0
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$15/$35/$75	
Retail Days Supply	34	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$30/$70/$150	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 762
Coverage Begins: 11/1/2012
Actuarial Value: 0.8300

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 762
Coverage Begins: 11/1/2013
Actuarial Value: 0.8300

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	60%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$10,000	$10,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 763
Coverage Begins: 10/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 763
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$750
Family	$2,250	$2,250
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	70%	70%
Co-payments:		
Office Visit Co-Payment	$0	$70
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$5,000
Family	$15,000	$15,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/$25/$50	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/$50/$100	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 764
Coverage Begins: 10/1/2012
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 764
Coverage Begins: 11/1/2013
Actuarial Value: 0.8600

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$1,500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 765
Coverage Begins: 1/1/2013
Actuarial Value: 0.8500

Plan Type: PPO
Coverage Ends: 12/31/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$1,500
Family	$3,000	$3,000
Coinsurance:		
Preventive Services (Exams and Screenings)	100%	100%
All Other Services	80%	60%
Co-payments:		
Office Visit Co-Payment	$0	$60
Inpatient Co-Payment	$0	$0
Outpatient Surgery Co-Payment	$0	$0
Emergency Room Co-Payment	$0	$0
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,750	$3,750
Family	$7,500	$7,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$3,750	
Retail		
Cost Share — Generic/Brand/Non-Formulary	20%	
Retail Days Supply	30	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0%	
Specialty Days Supply	0	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 766
Coverage Begins: 10/1/2012
Actuarial Value: 0.7494

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$100	$100
Family	$300	$300
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$150 per day per admit, 3 days maximum, then 20%	$150 per day per admit, 3 days maximum, then 40%
Outpatient Surgery Co-Payment	20%	40%
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$1,500
Family	$4,500	$4,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 767
Coverage Begins: 10/1/2012
Actuarial Value: 0.7834

Plan Type: PPO
Coverage Ends: 9/30/2013
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$200
Family	$600	$600
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	20%
Co-payments:		
Office Visit Co-Payment	$30	$20
Inpatient Co-Payment	$300 per day per admit, 3 days maximum, then 20%	$300 per day per admit, 3 days maximum, then 40%
Outpatient Surgery Co-Payment	$150	$150
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	$2,750
Family	$8,250	$8,250
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 768
Coverage Begins: 11/1/2013
Actuarial Value: 0.5538

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	20%	$50
Inpatient Co-Payment	20%	50%
Outpatient Surgery Co-Payment	20%	50%
Emergency Room Co-Payment	20%	20%
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$8,000
Family	$8,000	$16,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	30/50/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 769
Coverage Begins: 10/1/2013
Actuarial Value: 0.6794

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$2
Family	$3,000	$2
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	20%	$40
Inpatient Co-Payment	20%	40%
Outpatient Surgery Co-Payment	20%	40%
Emergency Room Co-Payment	20%	20%
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$2
Family	$7,000	$2
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/70/120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 770
Coverage Begins: 10/1/2013
Actuarial Value: 0.6794

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,500	$2
Family	$3,000	$2
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	20%	$40
Inpatient Co-Payment	20%	40%
Outpatient Surgery Co-Payment	20%	40%
Emergency Room Co-Payment	20%	20%
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$3,500	$2
Family	$7,000	$2
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	20/70/120	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	10/35/60	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 771
Coverage Begins: 11/1/2013
Actuarial Value: 0.8988

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$350
Family	$600	$1,050
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	10%	30%
Co-payments:		
Office Visit Co-Payment	$15	$30
Inpatient Co-Payment	$200 oer admit, then 10%	30%
Outpatient Surgery Co-Payment	10%	30%
Emergency Room Co-Payment	$50	$50
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$500	$1,500
Family	$1,500	$4,500
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/30/60	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/15/30	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 772
Coverage Begins: 10/1/2013
Actuarial Value: 0.8123

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$2
Family	$1,500	$2
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	20%	50%
Outpatient Surgery Co-Payment	20%	50%
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$2
Family	$5,250	$2
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 773
Coverage Begins: 10/1/2013
Actuarial Value: 0.8123

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$500	$2
Family	$1,500	$2
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	20%	50%
Outpatient Surgery Co-Payment	20%	50%
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$2
Family	$5,250	$2
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 774
Coverage Begins: 11/1/2013
Actuarial Value: 0.7738

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$200	$2
Family	$600	$2
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$25	$40
Inpatient Co-Payment	$150 per admit, then 20%	40%
Outpatient Surgery Co-Payment	$100	40%
Emergency Room Co-Payment	$75	$75
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,500	$2
Family	$4,500	$2
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	$10/25/35	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$10/20/35	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 775
Coverage Begins: 11/1/2013
Actuarial Value: 0.7116

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$300	$2
Family	$900	$2
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	20%
All Other Services	20%	40%
Co-payments:		
Office Visit Co-Payment	$30	$40
Inpatient Co-Payment	$300 per admit, then 20%	50%
Outpatient Surgery Co-Payment	20%	40%
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$2,750	$2
Family	$8,250	$2
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	15/25/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 776
Coverage Begins: 11/1/2013
Actuarial Value: 0.6141

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$1,000	$2,000
Family	$3,000	$6,000
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$15	$50
Inpatient Co-Payment	20%	50%
Outpatient Surgery Co-Payment	20%	50%
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$5,000	$10,000
Family	$15,000	$30,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/25%/25%	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30%/30%	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 777
Coverage Begins: 11/1/2013
Actuarial Value: 0.6137

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$2,250
Family	$1,500	$4,500
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	25%	50%
Co-payments:		
Office Visit Co-Payment	$30	$50
Inpatient Co-Payment	25%	50%
Outpatient Surgery Co-Payment	25%	50%
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$4,000	$8,000
Family	$12,000	$24,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$250	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/75/112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 778
Coverage Begins: 11/1/2013
Actuarial Value: 0.5712

Plan Type: PPO
Coverage Ends: 10/31/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$0	$250
Family	$0	$750
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	35%	50%
Co-payments:		
Office Visit Co-Payment	$35	$50
Inpatient Co-Payment	35%	50%
Outpatient Surgery Co-Payment	35%	50%
Emergency Room Co-Payment	$200	$200
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$7,500	$15,000
Family	$22,500	$45,000
Prescription Drugs (At Participating Pharmacies)		
Deductible	$500	
Retail		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	0/75/112	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	0/30/45	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 779
Coverage Begins: 10/1/2013
Actuarial Value: 0.7957

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$2
Family	$2,250	$2
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	20%	50%
Outpatient Surgery Co-Payment	20%	50%
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$2
Family	$5,250	$2
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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Exhibit A5a

Health Plan Design Comparison — One Page Summary

For All Plans in Calendar Year 2013

Health Plan: Plan 780
Coverage Begins: 10/1/2013
Actuarial Value: 0.7957

Plan Type: PPO
Coverage Ends: 9/30/2014
Deductible Reset: Y (calendar year)

Cost Share Provisions (Paid by Employee)	In-Network	Out-of-Network
Deductible (Per Plan Year):		
Individual	$750	$2
Family	$2,250	$2
Coinsurance:		
Preventive Services (Exams and Screenings)	0%	100%
All Other Services	20%	50%
Co-payments:		
Office Visit Co-Payment	$20	$50
Inpatient Co-Payment	20%	50%
Outpatient Surgery Co-Payment	20%	50%
Emergency Room Co-Payment	$100	$100
Out-of-Pocket Maximum (Per Plan Year):		
Individual	$1,750	$2
Family	$5,250	$2
Prescription Drugs (At Participating Pharmacies)		
Deductible	$0	
Retail		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Retail Days Supply	31	
Mail-Order		
Cost Share — Generic/Brand/Non-Formulary	10/40/80	
Mail-Order Days Supply	90	
Specialty Drug Cost Share		
Cost Share — Generic/Brand/Non-Formulary	$5/20/40	
Specialty Days Supply	31	

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K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 238	2013	PPO	0.8526
Plan 245	2013	PPO	0.6889
Plan 268	2013	PPO	0.5495
Plan 269	2013	PPO	0.7270
Plan 269	2014	PPO	0.7270
Plan 270	2013	PPO	0.7750
Plan 270	2014	PPO	0.7750
Plan 271	2013	PPO	0.8330
Plan 271	2014	PPO	0.8330
Plan 272	2013	PPO	0.7470
Plan 272	2014	PPO	0.7470
Plan 273	2013	HMO	0.8265
Plan 273	2014	HMO	0.8235
Plan 274	2013	HMO	0.9026
Plan 275	2013	HMO	0.8838
Plan 275	2014	HMO	0.8766
Plan 276	2013	HMO	0.9041
Plan 276	2014	HMO	0.8934
Plan 277	2013	HMO	0.8618
Plan 278	2013	PPO	0.8030
Plan 278	2014	PPO	0.8030
Plan 279	2013	PPO	0.8180
Plan 279	2014	PPO	0.8180
Plan 280	2013	PPO	0.8000
Plan 280	2014	PPO	0.8000
Plan 281	2013	Closed Network	0.9190
Plan 281	2014	Closed Network	0.9190
Plan 282	2013	Closed Network	0.7970
Plan 282	2014	Closed Network	0.7970
Plan 283	2013	Closed Network	0.8730
Plan 283	2013	Closed Network	0.8730
Plan 283	2014	Closed Network	0.8730

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Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 285	2013	Closed Network	0.7760
Plan 285	2013	Closed Network	0.7760
Plan 285	2014	Closed Network	0.7970
Plan 286	2013	HMO	0.8700
Plan 287	2013	HMO	0.8500
Plan 288	2013	HMO	0.8400
Plan 289	2013	PPO	0.7640
Plan 289	2014	PPO	0.7640
Plan 292	2013	HMO	0.9571
Plan 293	2013	HMO	0.9510
Plan 294	2013	HMO	0.9393
Plan 298	2013	HMO	0.9279
Plan 300	2013	HMO	0.9458
Plan 301	2013	HMO	0.9356
Plan 301	2014	HMO	0.9338
Plan 302	2013	HMO	0.9326
Plan 302	2014	HMO	0.9326
Plan 303	2013	HMO	0.9446
Plan 304	2013	HMO	0.9421
Plan 305	2013	HMO	0.9329
Plan 306	2013	HMO	0.9215
Plan 308	2013	HMO	0.9334
Plan 308	2014	HMO	0.9334
Plan 310	2013	HMO	0.9314
Plan 311	2013	HMO	0.9212
Plan 315	2013	PPO	0.9150
Plan 315	2014	PPO	0.9150
Plan 316	2013	PPO	0.7500
Plan 317	2013	PPO	0.8790
Plan 318	2013	PPO	0.9150
Plan 318	2014	PPO	0.9150
Plan 319	2013	PPO	0.8830

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K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 320	2013	PPO	0.8520
Plan 320	2014	PPO	0.8520
Plan 321	2013	PPO	0.8830
Plan 322	2013	PPO	0.8520
Plan 322	2014	PPO	0.8520
Plan 324	2013	PPO	0.8360
Plan 324	2014	PPO	0.8370
Plan 325	2013	PPO	0.7810
Plan 325	2014	PPO	0.7700
Plan 326	2013	PPO	0.8890
Plan 326	2014	PPO	0.8960
Plan 327	2013	PPO	0.7770
Plan 327	2014	PPO	0.7720
Plan 328	2013	PPO	0.8330
Plan 332	2013	PPO	0.8250
Plan 332	2014	PPO	0.8090
Plan 334	2013	PPO	0.7810
Plan 334	2014	PPO	0.7590
Plan 335	2013	PPO	0.7640
Plan 335	2014	PPO	0.7400
Plan 336	2013	PPO	0.8630
Plan 336	2014	PPO	0.8560
Plan 337	2013	PPO	0.8630
Plan 337	2014	PPO	0.8550
Plan 338	2013	PPO	0.8360
Plan 338	2014	PPO	0.8270
Plan 339	2013	PPO	0.8360
Plan 339	2014	PPO	0.8220
Plan 340	2013	PPO	0.7910
Plan 340	2014	PPO	0.7790
Plan 341	2013	PPO	0.7910
Plan 341	2014	PPO	0.7630

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 342	2013	PPO	0.7670
Plan 342	2014	PPO	0.7550
Plan 343	2013	PPO	0.7670
Plan 343	2014	PPO	0.7240
Plan 344	2013	PPO	0.8560
Plan 344	2014	PPO	0.8460
Plan 345	2013	PPO	0.8190
Plan 345	2014	PPO	0.8240
Plan 346	2013	PPO	0.8500
Plan 347	2013	PPO	0.8400
Plan 348	2013	PPO	0.9370
Plan 349	2013	PPO	0.9010
Plan 350	2013	PPO	0.8660
Plan 351	2013	PPO	0.9370
Plan 352	2013	PPO	0.9490
Plan 352	2014	PPO	0.9490
Plan 353	2013	PPO	0.9090
Plan 354	2013	PPO	0.9070
Plan 355	2013	TRAD	0.9070
Plan 355	2014	TRAD	0.9070
Plan 356	2013	TRAD	0.8010
Plan 356	2014	TRAD	0.8010
Plan 357	2013	TRAD	0.9070
Plan 358	2013	PPO	0.9100
Plan 359	2013	PPO	0.9080
Plan 360	2013	PPO	0.9380
Plan 361	2013	PPO	0.7520
Plan 362	2013	PPO	0.9490
Plan 362	2014	PPO	0.9490
Plan 363	2013	PPO	0.9090
Plan 363	2014	PPO	0.9090
Plan 364	2013	PPO	0.8670

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 365	2013	PPO	0.8900
Plan 366	2013	PPO	0.9070
Plan 367	2013	TRAD	0.9070
Plan 367	2014	TRAD	0.9070
Plan 368	2013	TRAD	0.8010
Plan 368	2014	TRAD	0.8010
Plan 369	2013	PPO	0.7520
Plan 370	2013	PPO	0.6860
Plan 370	2014	PPO	0.6860
Plan 374	2013	TRAD	0.8010
Plan 378	2013	PPO	0.9250
Plan 380	2013	TRAD	0.8860
Plan 381	2013	PPO	0.8870
Plan 383	2013	PPO	0.9170
Plan 384	2013	PPO	0.9170
Plan 385	2013	PPO	0.9470
Plan 386	2013	PPO	0.9470
Plan 391	2013	PPO	0.9230
Plan 392	2013	PPO	0.8980
Plan 393	2013	PPO	0.7520
Plan 397	2013	TRAD	0.7810
Plan 398	2013	TRAD	0.8570
Plan 399	2013	TRAD	0.8840
Plan 400	2013	PPO	0.8980
Plan 401	2013	PPO	0.7520
Plan 401	2014	PPO	0.7520
Plan 402	2013	PPO	0.6860
Plan 403	2013	PPO	0.8690
Plan 404	2013	PPO	0.6860
Plan 405	2013	PPO	0.7970
Plan 406	2013	PPO	0.7970
Plan 407	2013	PPO	0.7940

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 408	2013	PPO	0.7940
Plan 409	2014	PPO	0.7800
Plan 410	2014	PPO	0.8700
Plan 411	2014	PPO	0.9200
Plan 412	2014	PPO	0.9100
Plan 413	2014	PPO	0.8800
Plan 414	2013	PPO	0.8900
Plan 414	2014	PPO	0.8900
Plan 415	2013	PPO	0.8500
Plan 415	2014	PPO	0.8500
Plan 416	2013	PPO	0.8200
Plan 416	2014	PPO	0.8200
Plan 417	2013	PPO	0.7700
Plan 417	2014	PPO	0.7700
Plan 418	2013	HMO	0.8680
Plan 418	2014	HMO	0.8680
Plan 419	2013	HMO	0.9130
Plan 419	2014	HMO	0.9130
Plan 420	2013	HMO	0.8650
Plan 420	2014	HMO	0.8650
Plan 421	2013	HMO	0.8680
Plan 421	2014	HMO	0.8680
Plan 422	2013	HMO	0.8540
Plan 422	2014	HMO	0.8540
Plan 423	2013	HMO	0.8610
Plan 423	2014	HMO	0.8610
Plan 424	2013	HMO	0.8650
Plan 424	2014	HMO	0.8650
Plan 425	2013	HMO	0.8810
Plan 425	2014	HMO	0.8810
Plan 426	2013	HMO	0.8440
Plan 426	2014	HMO	0.8440

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 427	2013	HMO	0.8610
Plan 427	2014	HMO	0.8610
Plan 428	2013	HMO	0.8500
Plan 428	2014	HMO	0.8500
Plan 429	2013	HMO	0.8290
Plan 430	2013	HMO	0.8660
Plan 430	2014	HMO	0.8660
Plan 431	2013	HMO	0.8380
Plan 431	2014	HMO	0.8380
Plan 432	2013	HMO	0.8610
Plan 432	2014	HMO	0.8610
Plan 433	2013	HMO	0.8220
Plan 433	2014	HMO	0.8220
Plan 434	2013	HMO	0.8650
Plan 434	2014	HMO	0.8650
Plan 435	2013	HMO	0.8930
Plan 435	2014	HMO	0.8930
Plan 436	2013	HMO	0.8610
Plan 436	2014	HMO	0.8610
Plan 437	2013	HMO	0.8680
Plan 437	2014	HMO	0.8680
Plan 438	2013	HMO	0.8630
Plan 438	2014	HMO	0.8630
Plan 439	2013	HMO	0.8470
Plan 439	2014	HMO	0.8470
Plan 440	2013	HMO	0.8680
Plan 440	2014	HMO	0.8680
Plan 441	2013	HMO	0.8680
Plan 441	2014	HMO	0.8680
Plan 442	2013	HMO	0.8630
Plan 442	2014	HMO	0.8630
Plan 443	2013	HMO	0.8290

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 443	2014	HMO	0.8290
Plan 444	2013	HMO	0.8280
Plan 444	2014	HMO	0.8280
Plan 445	2013	HMO	0.8960
Plan 445	2014	HMO	0.8960
Plan 446	2013	HMO	0.8610
Plan 446	2014	HMO	0.8610
Plan 447	2013	HMO	0.8680
Plan 447	2014	HMO	0.8680
Plan 448	2013	HMO	0.8610
Plan 448	2014	HMO	0.8610
Plan 449	2013	HMO	0.9080
Plan 449	2014	HMO	0.9080
Plan 450	2013	HMO	0.8130
Plan 450	2014	HMO	0.8130
Plan 451	2013	HMO	0.8610
Plan 451	2014	HMO	0.8610
Plan 452	2013	HMO	0.9130
Plan 452	2014	HMO	0.9130
Plan 453	2013	HMO	0.8290
Plan 453	2014	HMO	0.8290
Plan 454	2013	HMO	0.8680
Plan 454	2014	HMO	0.8680
Plan 455	2013	HMO	0.8720
Plan 455	2014	HMO	0.8720
Plan 456	2013	HMO	0.8450
Plan 456	2014	HMO	0.8450
Plan 457	2013	HMO	0.9080
Plan 458	2013	HMO	0.8400
Plan 458	2014	HMO	0.8400
Plan 459	2013	HMO	0.9450
Plan 459	2014	HMO	0.9450

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 460	2013	HMO	0.8650
Plan 460	2014	HMO	0.8650
Plan 461	2013	HMO	0.9140
Plan 461	2014	HMO	0.9140
Plan 462	2013	HMO	0.8770
Plan 462	2014	HMO	0.8770
Plan 463	2013	HMO	0.8970
Plan 463	2014	HMO	0.8970
Plan 464	2013	HMO	0.9140
Plan 464	2014	HMO	0.9140
Plan 465	2013	HMO	0.8150
Plan 465	2014	HMO	0.8150
Plan 466	2013	HMO	0.8710
Plan 466	2014	HMO	0.8710
Plan 467	2013	HMO	0.8610
Plan 467	2014	HMO	0.8610
Plan 468	2013	HMO	0.8610
Plan 468	2014	HMO	0.8610
Plan 469	2013	HMO	0.8710
Plan 469	2014	HMO	0.8710
Plan 470	2013	HMO	0.8710
Plan 470	2014	HMO	0.8710
Plan 471	2013	HMO	0.8710
Plan 471	2014	HMO	0.8710
Plan 472	2013	HMO	0.8610
Plan 472	2014	HMO	0.8610
Plan 473	2013	HMO	0.8610
Plan 473	2014	HMO	0.8610
Plan 474	2013	HMO	0.8710
Plan 474	2014	HMO	0.8710
Plan 475	2013	HMO	0.8710
Plan 475	2014	HMO	0.8710

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 476	2013	HMO	0.8610
Plan 476	2014	HMO	0.8610
Plan 477	2013	HMO	0.8730
Plan 477	2014	HMO	0.8730
Plan 478	2013	HMO	0.8730
Plan 478	2014	HMO	0.8730
Plan 479	2013	HMO	0.8760
Plan 479	2014	HMO	0.8760
Plan 480	2013	PPO	0.8670
Plan 480	2014	PPO	0.8670
Plan 481	2013	HMO	0.8610
Plan 481	2014	HMO	0.8610
Plan 482	2013	HMO	0.8710
Plan 482	2014	HMO	0.8710
Plan 483	2013	HMO	0.8650
Plan 483	2014	HMO	0.8650
Plan 484	2013	HMO	0.8610
Plan 484	2014	HMO	0.8610
Plan 485	2013	HMO	0.7840
Plan 485	2014	HMO	0.7840
Plan 486	2013	HMO	0.8520
Plan 486	2014	HMO	0.8520
Plan 487	2013	HMO	0.8520
Plan 487	2014	HMO	0.8520
Plan 488	2013	HMO	0.8520
Plan 488	2014	HMO	0.8520
Plan 489	2013	HMO	0.8520
Plan 489	2014	HMO	0.8520
Plan 490	2013	HMO	0.8520
Plan 490	2014	HMO	0.8520
Plan 491	2013	HMO	0.8520
Plan 491	2014	HMO	0.8520

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 492	2013	HMO	0.8520
Plan 492	2014	HMO	0.8520
Plan 493	2013	HMO	0.8520
Plan 493	2014	HMO	0.8520
Plan 494	2013	HMO	0.8290
Plan 494	2014	HMO	0.8290
Plan 495	2013	HMO	0.8730
Plan 495	2014	HMO	0.8730
Plan 496	2013	HMO	0.8730
Plan 496	2014	HMO	0.8730
Plan 497	2013	HMO	0.8680
Plan 497	2014	HMO	0.8680
Plan 498	2013	HMO	0.8850
Plan 498	2014	HMO	0.8850
Plan 499	2013	HMO	0.8520
Plan 499	2014	HMO	0.8520
Plan 500	2013	HMO	0.9020
Plan 500	2014	HMO	0.9020
Plan 501	2013	HMO	0.8610
Plan 501	2014	HMO	0.8610
Plan 502	2013	HMO	0.8610
Plan 502	2014	HMO	0.8610
Plan 503	2013	HMO	0.8710
Plan 503	2014	HMO	0.8710
Plan 504	2013	HMO	0.8520
Plan 504	2014	HMO	0.8520
Plan 505	2013	HMO	0.8610
Plan 505	2014	HMO	0.8610
Plan 506	2013	HMO	0.8520
Plan 506	2014	HMO	0.8520
Plan 507	2013	HMO	0.8150
Plan 507	2014	HMO	0.8150

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 508	2013	HMO	0.9040
Plan 508	2014	HMO	0.9040
Plan 509	2013	HMO	0.7540
Plan 509	2014	HMO	0.7540
Plan 510	2013	HMO	0.8650
Plan 510	2014	HMO	0.8650
Plan 511	2013	HMO	0.7780
Plan 511	2014	HMO	0.7780
Plan 512	2013	HMO	0.8150
Plan 512	2014	HMO	0.8150
Plan 513	2013	HMO	0.8010
Plan 514	2013	HMO	0.8010
Plan 515	2013	HMO	0.8010
Plan 516	2013	HMO	0.8010
Plan 517	2013	HMO	0.8010
Plan 518	2013	HMO	0.8010
Plan 519	2013	HMO	0.9130
Plan 519	2014	HMO	0.9130
Plan 520	2013	HMO	0.9450
Plan 520	2014	HMO	0.9450
Plan 521	2013	HMO	0.9450
Plan 521	2014	HMO	0.9450
Plan 522	2013	HMO	0.9450
Plan 522	2014	HMO	0.9450
Plan 523	2013	HMO	0.9450
Plan 523	2014	HMO	0.9450
Plan 524	2013	HMO	0.9450
Plan 524	2014	HMO	0.9450
Plan 525	2013	HMO	0.9450
Plan 525	2014	HMO	0.9450
Plan 526	2013	HMO	0.9450
Plan 526	2014	HMO	0.9450

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 527	2013	HMO	0.9450
Plan 527	2014	HMO	0.9450
Plan 528	2013	HMO	0.8860
Plan 528	2014	HMO	0.8860
Plan 529	2013	HMO	0.9450
Plan 529	2014	HMO	0.9450
Plan 530	2013	HMO	0.9450
Plan 530	2014	HMO	0.9450
Plan 531	2013	HMO	0.9450
Plan 531	2014	HMO	0.9450
Plan 532	2013	HMO	0.9450
Plan 532	2014	HMO	0.9450
Plan 533	2013	HMO	0.9450
Plan 533	2014	HMO	0.9450
Plan 534	2013	HMO	0.9450
Plan 534	2014	HMO	0.9450
Plan 535	2013	HMO	0.9450
Plan 535	2014	HMO	0.9450
Plan 536	2013	HMO	0.9450
Plan 536	2014	HMO	0.9450
Plan 537	2013	HMO	0.6480
Plan 538	2013	HMO	0.6480
Plan 539	2013	HMO	0.6480
Plan 540	2013	HMO	0.6480
Plan 541	2013	HMO	0.6480
Plan 542	2013	HMO	0.6480
Plan 543	2013	HMO	0.6480
Plan 544	2013	HMO	0.6480
Plan 545	2013	HMO	0.6480
Plan 546	2013	HMO	0.6480
Plan 547	2013	HMO	0.6480
Plan 548	2013	HMO	0.6480

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 549	2013	HMO	0.6480
Plan 550	2013	HMO	0.6480
Plan 551	2013	HMO	0.6480
Plan 552	2013	HMO	0.6480
Plan 553	2013	HMO	0.8220
Plan 553	2014	HMO	0.8220
Plan 554	2013	HMO	0.8860
Plan 554	2014	HMO	0.8860
Plan 555	2013	HMO	0.9120
Plan 556	2013	HMO	0.9120
Plan 557	2013	HMO	0.8860
Plan 558	2013	HMO	0.8860
Plan 559	2013	HMO	0.9120
Plan 559	2014	HMO	0.9120
Plan 560	2013	HMO	0.8860
Plan 560	2014	HMO	0.8860
Plan 561	2013	HMO	0.9120
Plan 561	2014	HMO	0.9120
Plan 562	2013	HMO	0.9120
Plan 562	2014	HMO	0.9120
Plan 563	2013	HMO	0.9120
Plan 563	2014	HMO	0.9120
Plan 564	2013	HMO	0.9120
Plan 564	2014	HMO	0.9120
Plan 565	2013	HMO	0.8610
Plan 565	2014	HMO	0.8610
Plan 566	2013	HMO	0.8610
Plan 566	2014	HMO	0.8610
Plan 567	2013	HMO	0.8610
Plan 567	2014	HMO	0.8610
Plan 568	2013	HMO	0.9120
Plan 568	2014	HMO	0.9120

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 569	2013	HMO	0.8610
Plan 569	2014	HMO	0.8610
Plan 570	2013	HMO	0.9120
Plan 570	2014	HMO	0.9120
Plan 571	2013	HMO	0.9120
Plan 571	2014	HMO	0.9120
Plan 572	2013	HMO	0.9120
Plan 572	2014	HMO	0.9120
Plan 573	2013	HMO	0.9120
Plan 573	2014	HMO	0.9120
Plan 574	2013	HMO	0.9120
Plan 574	2014	HMO	0.9120
Plan 575	2013	HMO	0.9120
Plan 575	2014	HMO	0.9120
Plan 576	2013	HMO	0.8010
Plan 576	2014	HMO	0.8010
Plan 577	2013	HMO	0.8010
Plan 578	2013	HMO	0.8010
Plan 579	2013	HMO	0.8610
Plan 579	2014	HMO	0.8610
Plan 580	2013	HMO	0.8610
Plan 580	2014	HMO	0.8610
Plan 581	2013	HMO	0.8610
Plan 581	2014	HMO	0.8610
Plan 582	2013	HMO	0.8610
Plan 582	2014	HMO	0.8610
Plan 583	2013	HMO	0.9120
Plan 583	2014	HMO	0.9120
Plan 584	2013	HMO	0.8610
Plan 584	2014	HMO	0.8610
Plan 585	2013	HMO	0.8610
Plan 585	2014	HMO	0.8610

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 586	2013	HMO	0.8860
Plan 586	2014	HMO	0.8860
Plan 587	2013	HMO	0.8610
Plan 587	2014	HMO	0.8610
Plan 588	2013	HMO	0.8610
Plan 588	2014	HMO	0.8610
Plan 589	2013	HMO	0.8610
Plan 589	2014	HMO	0.8610
Plan 590	2013	HMO	0.8010
Plan 591	2013	HMO	0.8610
Plan 591	2014	HMO	0.8610
Plan 592	2013	HMO	0.9120
Plan 592	2014	HMO	0.9120
Plan 593	2013	HMO	0.8610
Plan 593	2014	HMO	0.8610
Plan 594	2013	HMO	0.8860
Plan 594	2014	HMO	0.8860
Plan 595	2013	HMO	0.9120
Plan 595	2014	HMO	0.9120
Plan 596	2013	HMO	0.9120
Plan 596	2014	HMO	0.9120
Plan 597	2013	HMO	0.9120
Plan 597	2014	HMO	0.9120
Plan 598	2013	HMO	0.8610
Plan 598	2014	HMO	0.8610
Plan 599	2013	HMO	0.8860
Plan 599	2014	HMO	0.8860
Plan 600	2013	HMO	0.8860
Plan 600	2014	HMO	0.8860
Plan 601	2013	HMO	0.8860
Plan 601	2014	HMO	0.8860
Plan 602	2013	HMO	0.8860

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 602	2014	HMO	0.8860
Plan 603	2013	HMO	0.8860
Plan 603	2014	HMO	0.8860
Plan 604	2013	HMO	0.8860
Plan 604	2014	HMO	0.8860
Plan 605	2013	HMO	0.8860
Plan 605	2014	HMO	0.8860
Plan 606	2013	HMO	0.8610
Plan 606	2014	HMO	0.8610
Plan 607	2013	HMO	0.9120
Plan 607	2014	HMO	0.9120
Plan 608	2013	HMO	0.9120
Plan 608	2014	HMO	0.9120
Plan 609	2013	HMO	0.8610
Plan 609	2014	HMO	0.8610
Plan 610	2013	HMO	0.8610
Plan 610	2014	HMO	0.8610
Plan 611	2013	HMO	0.8610
Plan 611	2014	HMO	0.8610
Plan 612	2013	HMO	0.8610
Plan 612	2014	HMO	0.8610
Plan 613	2013	HMO	0.8010
Plan 613	2014	HMO	0.8010
Plan 614	2013	HMO	0.8010
Plan 614	2014	HMO	0.8010
Plan 615	2013	HMO	0.8010
Plan 615	2014	HMO	0.8010
Plan 616	2013	HMO	0.8010
Plan 616	2014	HMO	0.8010
Plan 617	2013	HMO	0.8610
Plan 617	2014	HMO	0.8610
Plan 618	2013	HMO	0.8860

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 618	2014	HMO	0.8860
Plan 619	2013	HMO	0.8010
Plan 619	2014	HMO	0.8010
Plan 620	2013	HMO	0.8610
Plan 620	2014	HMO	0.8610
Plan 621	2013	HMO	0.8610
Plan 621	2014	HMO	0.8610
Plan 622	2013	HMO	0.8610
Plan 622	2014	HMO	0.8610
Plan 623	2013	HMO	0.9120
Plan 623	2014	HMO	0.9120
Plan 624	2013	HMO	0.8860
Plan 624	2014	HMO	0.8860
Plan 625	2013	HMO	0.8010
Plan 625	2014	HMO	0.8010
Plan 626	2013	HMO	0.8860
Plan 626	2014	HMO	0.8860
Plan 627	2013	HMO	0.8610
Plan 628	2013	HMO	0.8860
Plan 628	2014	HMO	0.8860
Plan 629	2013	HMO	0.8610
Plan 629	2014	HMO	0.8610
Plan 630	2013	HMO	0.8010
Plan 630	2014	HMO	0.8010
Plan 631	2013	HMO	0.8860
Plan 631	2014	HMO	0.8860
Plan 632	2013	HMO	0.8860
Plan 632	2014	HMO	0.8860
Plan 633	2013	HMO	0.8860
Plan 633	2014	HMO	0.8860
Plan 634	2013	HMO	0.8610
Plan 635	2013	HMO	0.8610

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Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 636	2013	HMO	0.8860
Plan 637	2013	HMO	0.8610
Plan 638	2013	HMO	0.8860
Plan 639	2013	HMO	0.8860
Plan 640	2013	HMO	0.8610
Plan 641	2013	HMO	0.8860
Plan 642	2013	HMO	0.8610
Plan 643	2013	HMO	0.8860
Plan 644	2013	HMO	0.8610
Plan 645	2013	HMO	0.8860
Plan 646	2013	HMO	0.8610
Plan 647	2013	HMO	0.8860
Plan 648	2013	HMO	0.8860
Plan 649	2013	HMO	0.8860
Plan 649	2014	HMO	0.8860
Plan 650	2013	HMO	0.8010
Plan 650	2014	HMO	0.8010
Plan 651	2013	HMO	0.8860
Plan 651	2014	HMO	0.8860
Plan 652	2013	HMO	0.8010
Plan 652	2014	HMO	0.8010
Plan 653	2013	HMO	0.8860
Plan 653	2014	HMO	0.8860
Plan 654	2013	HMO	0.8860
Plan 654	2014	HMO	0.8860
Plan 655	2013	HMO	0.8610
Plan 655	2014	HMO	0.8610
Plan 656	2013	HMO	0.8610
Plan 656	2014	HMO	0.8610
Plan 657	2013	HMO	0.8610
Plan 657	2014	HMO	0.8610
Plan 658	2013	HMO	0.9010

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 658	2014	HMO	0.9010
Plan 659	2013	HMO	0.9080
Plan 659	2014	HMO	0.9080
Plan 660	2013	HMO	0.8910
Plan 660	2014	HMO	0.8910
Plan 661	2013	HMO	0.8610
Plan 661	2014	HMO	0.8610
Plan 662	2013	HMO	0.9080
Plan 662	2014	HMO	0.9080
Plan 663	2013	HMO	0.8430
Plan 663	2014	HMO	0.8430
Plan 664	2013	HMO	0.8610
Plan 664	2014	HMO	0.8610
Plan 665	2013	HMO	0.8610
Plan 665	2014	HMO	0.8610
Plan 666	2013	HMO	0.8610
Plan 666	2014	HMO	0.8610
Plan 667	2013	HMO	0.8040
Plan 667	2014	HMO	0.8040
Plan 668	2013	PPO	0.9120
Plan 668	2014	PPO	0.9120
Plan 669	2013	PPO	0.8690
Plan 669	2014	PPO	0.8690
Plan 670	2013	PPO	0.8750
Plan 670	2014	PPO	0.8750
Plan 671	2013	PPO	0.8680
Plan 671	2014	PPO	0.8680
Plan 672	2013	PPO	0.8280
Plan 672	2014	PPO	0.8280
Plan 673	2013	PPO	0.8730
Plan 673	2014	PPO	0.8730
Plan 674	2013	PPO	0.8730

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Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 674	2014	PPO	0.8730
Plan 675	2013	PPO	0.8020
Plan 676	2013	PPO	0.8020
Plan 677	2013	PPO	0.8250
Plan 678	2013	PPO	0.8250
Plan 679	2013	PPO	0.8250
Plan 680	2013	PPO	0.8250
Plan 681	2013	PPO	0.8250
Plan 682	2013	PPO	0.8250
Plan 683	2013	PPO	0.8250
Plan 684	2013	PPO	0.8250
Plan 685	2013	PPO	0.9080
Plan 685	2014	PPO	0.9080
Plan 686	2013	PPO	0.9100
Plan 686	2014	PPO	0.9100
Plan 687	2013	PPO	0.8510
Plan 687	2014	PPO	0.8510
Plan 688	2013	PPO	0.9080
Plan 688	2014	PPO	0.9080
Plan 689	2013	PPO	0.9100
Plan 689	2014	PPO	0.9100
Plan 690	2013	PPO	0.8910
Plan 691	2013	PPO	0.8910
Plan 692	2014	HMO	0.9438
Plan 693	2014	HMO	0.9321
Plan 694	2014	HMO	0.9207
Plan 695	2014	HMO	0.9381
Plan 696	2014	HMO	0.9264
Plan 697	2014	HMO	0.9150
Plan 698	2014	HMO	0.9135
Plan 699	2014	PPO	0.8560
Plan 700	2014	PPO	0.8240

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Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 701	2014	PPO	0.7550
Plan 702	2014	PPO	0.7260
Plan 703	2014	PPO	0.7260
Plan 704	2013	HMO	0.8600
Plan 705	2014	PPO	0.7840
Plan 706	2013	PPO	0.9150
Plan 706	2014	PPO	0.9150
Plan 707	2013	PPO	0.8520
Plan 707	2014	PPO	0.8520
Plan 708	2014	PPO	0.8960
Plan 709	2014	PPO	0.8620
Plan 710	2014	PPO	0.9330
Plan 711	2013	PPO	0.7270
Plan 711	2014	PPO	0.7270
Plan 712	2013	PPO	0.6860
Plan 712	2014	PPO	0.6860
Plan 713	2014	PPO	0.9070
Plan 714	2013	PPO	0.9110
Plan 715	2013	PPO	0.8750
Plan 716	2013	PPO	0.8530
Plan 717	2013	PPO	0.7440
Plan 718	2014	PPO	0.7940
Plan 719	2014	PPO	0.7940
Plan 720	2014	PPO	0.7970
Plan 721	2014	PPO	0.7970
Plan 722	2014	PPO	0.9170
Plan 723	2014	PPO	0.9170
Plan 724	2014	PPO	0.9470
Plan 725	2014	PPO	0.9470
Plan 726	2014	PPO	0.9070
Plan 727	2014	PPO	0.8900
Plan 728	2014	PPO	0.8670

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 729	2014	TRAD	0.9070
Plan 730	2014	PPO	0.9380
Plan 731	2014	PPO	0.9080
Plan 732	2014	TRAD	0.8010
Plan 733	2014	PPO	0.7520
Plan 734	2014	PPO	0.8060
Plan 735	2014	PPO	0.9490
Plan 736	2014	PPO	0.8900
Plan 737	2014	PPO	0.9070
Plan 738	2014	TRAD	0.9070
Plan 739	2014	TRAD	0.7810
Plan 740	2014	PPO	0.7520
Plan 741	2014	TRAD	0.8180
Plan 742	2014	TRAD	0.8840
Plan 743	2014	PPO	0.8450
Plan 744	2013	PPO	0.8600
Plan 744	2014	PPO	0.8600
Plan 745	2013	PPO	0.8600
Plan 745	2014	PPO	0.8600
Plan 746	2013	PPO	0.8600
Plan 746	2014	PPO	0.8600
Plan 747	2013	PPO	0.8600
Plan 747	2014	PPO	0.8600
Plan 748	2013	PPO	0.8600
Plan 749	2013	PPO	0.8600
Plan 750	2013	PPO	0.8600
Plan 751	2013	PPO	0.8500
Plan 752	2013	PPO	0.8500
Plan 753	2014	PPO	0.8300
Plan 754	2014	PPO	0.8300
Plan 755	2014	PPO	0.8600
Plan 756	2014	PPO	0.8600

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K–12 School District Data Collection Project
Exhibit A5b
Health Plans by Actuarial Value
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Actuarial Value
Plan 757	2014	PPO	0.8600
Plan 758	2014	PPO	0.8600
Plan 759	2014	PPO	0.8600
Plan 760	2014	PPO	0.7520
Plan 761	2013	PPO	0.8300
Plan 761	2014	PPO	0.8300
Plan 762	2013	PPO	0.8300
Plan 762	2014	PPO	0.8300
Plan 763	2013	PPO	0.8600
Plan 763	2014	PPO	0.8600
Plan 764	2013	PPO	0.8600
Plan 764	2014	PPO	0.8600
Plan 765	2013	PPO	0.8500
Plan 766	2013	PPO	0.7494
Plan 767	2013	PPO	0.7834
Plan 768	2014	PPO	0.5538
Plan 769	2014	PPO	0.6794
Plan 770	2014	PPO	0.6794
Plan 771	2014	PPO	0.8988
Plan 772	2014	PPO	0.8123
Plan 773	2014	PPO	0.8123
Plan 774	2014	PPO	0.7738
Plan 775	2014	PPO	0.7116
Plan 776	2014	PPO	0.6141
Plan 777	2014	PPO	0.6137
Plan 778	2014	PPO	0.5712
Plan 779	2014	PPO	0.7957
Plan 780	2014	PPO	0.7957

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 238	2013	PPO	$200	$400	$400	$800
Plan 245	2013	PPO	$750	$1,500	$2,250	$4,500
Plan 268	2013	PPO	$1,500	$3,000	$3,000	$6,000
Plan 269	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 269	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 270	2013	PPO	$750	$750	$2,250	$2,250
Plan 270	2014	PPO	$750	$750	$2,250	$2,250
Plan 271	2013	PPO	$250	$250	$750	$750
Plan 271	2014	PPO	$250	$250	$750	$750
Plan 272	2013	PPO	$1,500	$1,500	$4,500	$4,500
Plan 272	2014	PPO	$1,500	$1,500	$4,500	$4,500
Plan 273	2013	HMO	$1,500	Not Covered	$4,500	Not Covered
Plan 273	2014	HMO	$1,500	Not Covered	$4,500	Not Covered
Plan 274	2013	HMO	$250	Not Covered	$750	Not Covered
Plan 275	2013	HMO	$250	Not Covered	$75	Not Covered
Plan 275	2014	HMO	$250	Not Covered	$75	Not Covered
Plan 276	2013	HMO	$250	Not Covered	$750	Not Covered
Plan 276	2014	HMO	$250	Not Covered	$750	Not Covered
Plan 277	2013	HMO	$500	Not Covered	$1,500	Not Covered
Plan 278	2013	PPO	$1,000	$2,000	$3,000	$6,000
Plan 278	2014	PPO	$1,000	$2,000	$3,000	$6,000
Plan 279	2013	PPO	$750	$1,500	$2,250	$4,500
Plan 279	2014	PPO	$750	$1,500	$2,250	$4,500
Plan 280	2013	PPO	$0	$250	$0	$750
Plan 280	2014	PPO	$0	$250	$0	$750
Plan 281	2013	Closed Network	$0	Not Covered	$0	Not Covered
Plan 281	2014	Closed Network	$0	Not Covered	$0	Not Covered
Plan 282	2013	Closed Network	$1,500	Not Covered	$4,500	Not Covered
Plan 282	2014	Closed Network	$1,500	Not Covered	$4,500	Not Covered
Plan 283	2013	Closed Network	$250	Not Covered	$750	Not Covered
Plan 283	2013	Closed Network	$250	Not Covered	$750	Not Covered
Plan 283	2014	Closed Network	$250	Not Covered	$750	Not Covered

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 285	2013	Closed Network	$1,500	Not Covered	$4,500	Not Covered
Plan 285	2013	Closed Network	$1,500	Not Covered	$4,500	Not Covered
Plan 285	2014	Closed Network	$1,500	Not Covered	$4,500	Not Covered
Plan 286	2013	HMO	$250	Not Covered	$750	Not Covered
Plan 287	2013	HMO	$350	Not Covered	$1,050	Not Covered
Plan 288	2013	HMO	$1,400	Not Covered	$2,800	Not Covered
Plan 289	2013	PPO	$1,500	$3,000	$3,000	$6,000
Plan 289	2014	PPO	$1,500	$3,000	$3,000	$6,000
Plan 292	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 293	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 294	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 298	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 300	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 301	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 301	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 302	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 302	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 303	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 304	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 305	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 306	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 308	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 308	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 310	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 311	2013	HMO	$0	Not Covered	$0	Not Covered
Plan 315	2013	PPO	$100	$300	$300	$900
Plan 315	2014	PPO	$100	$300	$300	$900
Plan 316	2013	PPO	$1,700	Included In-Network	$4,200	Included In-Network
Plan 317	2013	PPO	$300	$2	$900	$0
Plan 318	2013	PPO	$100	$300	$300	$900
Plan 318	2014	PPO	$100	$300	$300	$900
Plan 319	2013	PPO	$300	$1,000	$900	$3,000

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 320	2013	PPO	$500	$1,500	$1,500	$4,500
Plan 320	2014	PPO	$500	$1,500	$1,500	$4,500
Plan 321	2013	PPO	$300	$1,000	$900	$3,000
Plan 322	2013	PPO	$500	$1,500	$1,500	$4,500
Plan 322	2014	PPO	$500	$1,500	$1,500	$4,500
Plan 324	2013	PPO	$200	Included In-Network	$600	Included In-Network
Plan 324	2014	PPO	$200	Included In-Network	$600	Included In-Network
Plan 325	2013	PPO	$500	Included In-Network	$1,500	Included In-Network
Plan 325	2014	PPO	$500	Included In-Network	$1,500	Included In-Network
Plan 326	2013	PPO	$0	Included In-Network	$0	Included In-Network
Plan 326	2014	PPO	$1,200	Included In-Network	$3,600	Included In-Network
Plan 327	2013	PPO	$750	Included In-Network	$2,250	Included In-Network
Plan 327	2014	PPO	$750	Included In-Network	$2,250	Included In-Network
Plan 328	2013	PPO	$200	Included In-Network	$600	Included In-Network
Plan 332	2013	PPO	$200	Included In-Network	$600	Included In-Network
Plan 332	2014	PPO	$200	Included In-Network	$600	Included In-Network
Plan 334	2013	PPO	$500	Included In-Network	$1,500	Included In-Network
Plan 334	2014	PPO	$500	Included In-Network	$1,500	Included In-Network
Plan 335	2013	PPO	$750	Included In-Network	$2,250	Included In-Network
Plan 335	2014	PPO	$750	Included In-Network	$2,250	Included In-Network
Plan 336	2013	PPO	$100	Included In-Network	$300	Included In-Network
Plan 336	2014	PPO	$100	Included In-Network	$300	Included In-Network
Plan 337	2013	PPO	$100	Included In-Network	$300	Included In-Network
Plan 337	2014	PPO	$100	Included In-Network	$300	Included In-Network
Plan 338	2013	PPO	$200	Included In-Network	$600	Included In-Network
Plan 338	2014	PPO	$200	Included In-Network	$600	Included In-Network
Plan 339	2013	PPO	$200	Included In-Network	$600	Included In-Network
Plan 339	2014	PPO	$200	Included In-Network	$600	Included In-Network
Plan 340	2013	PPO	$500	Included In-Network	$1,500	Included In-Network
Plan 340	2014	PPO	$500	Included In-Network	$1,500	Included In-Network
Plan 341	2013	PPO	$500	Included In-Network	$1,500	Included In-Network
Plan 341	2014	PPO	$500	Included In-Network	$1,500	Included In-Network

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Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 342	2013	PPO	$1,000	Included In-Network	$3,000	Included In-Network
Plan 342	2014	PPO	$1,000	Included In-Network	$3,000	Included In-Network
Plan 343	2013	PPO	$1,000	Included In-Network	$3,000	Included In-Network
Plan 343	2014	PPO	$1,000	Included In-Network	$3,000	Included In-Network
Plan 344	2013	PPO	$100	Included In-Network	$300	Included In-Network
Plan 344	2014	PPO	$100	Included In-Network	$300	Included In-Network
Plan 345	2013	PPO	$200	$1,000	$600	$3,000
Plan 345	2014	PPO	$200	$1,000	$600	$3,000
Plan 346	2013	PPO	$1,400	Included In-Network	$2,800	Included In-Network
Plan 347	2013	PPO	$250	Included In-Network	$750	Included In-Network
Plan 348	2013	PPO	$50	Included In-Network	$150	Included In-Network
Plan 349	2013	PPO	$100	Included In-Network	$300	Included In-Network
Plan 350	2013	PPO	$200	Included In-Network	$600	Included In-Network
Plan 351	2013	PPO	$100	$250	$300	$0
Plan 352	2013	PPO	$100	$100	$300	$300
Plan 352	2014	PPO	$100	$100	$300	$300
Plan 353	2013	PPO	$200	$200	$600	$600
Plan 354	2013	PPO	$500	$500	$1,500	$1,500
Plan 355	2013	TRAD	$0	$0	$0	$0
Plan 355	2014	TRAD	$0	$0	$0	$0
Plan 356	2013	TRAD	$750	$750	$2,250	$2,250
Plan 356	2014	TRAD	$750	$750	$2,250	$2,250
Plan 357	2013	TRAD	$0	$0	$0	$0
Plan 358	2013	PPO	$200	$200	$600	$600
Plan 359	2013	PPO	$500	$500	$1,500	$1,500
Plan 360	2013	PPO	$200	$200	$600	$600
Plan 361	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 362	2013	PPO	$100	$100	$300	$300
Plan 362	2014	PPO	$100	$100	$300	$300
Plan 363	2013	PPO	$200	$200	$600	$600
Plan 363	2014	PPO	$200	$200	$600	$600
Plan 364	2013	PPO	$1,000	$1,000	$3,000	$3,000

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K–12 School District Data Collection Project
Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 365	2013	PPO	$750	$750	$2,250	$2,250
Plan 366	2013	PPO	$500	$500	$1,500	$1,500
Plan 367	2013	TRAD	$0	$0	$0	$0
Plan 367	2014	TRAD	$0	$0	$0	$0
Plan 368	2013	TRAD	$750	$750	$2,250	$2,250
Plan 368	2014	TRAD	$750	$750	$2,250	$2,250
Plan 369	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 370	2013	PPO	$3,000	$3,000	$6,000	$6,000
Plan 370	2014	PPO	$3,000	$3,000	$6,000	$6,000
Plan 374	2013	TRAD	$750	$750	$2,250	$2,250
Plan 378	2013	PPO	$200	$200	$600	$600
Plan 380	2013	TRAD	$0	$0	$0	$0
Plan 381	2013	PPO	$500	$500	$1,500	$1,500
Plan 383	2013	PPO	$300	$300	$900	$900
Plan 384	2013	PPO	$300	$300	$900	$900
Plan 385	2013	PPO	$0	$0	$0	$0
Plan 386	2013	PPO	$0	$0	$0	$0
Plan 391	2013	PPO	$200	$200	$600	$600
Plan 392	2013	PPO	$750	$750	$2,250	$2,250
Plan 393	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 397	2013	TRAD	$750	$750	$2,250	$2,250
Plan 398	2013	TRAD	$750	$750	$2,250	$2,250
Plan 399	2013	TRAD	$250	$250	$750	$750
Plan 400	2013	PPO	$100	$200	$300	$600
Plan 401	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 401	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 402	2013	PPO	$3,000	$3,000	$6,000	$6,000
Plan 403	2013	PPO	$1,000	$1,000	$3,000	$3,000
Plan 404	2013	PPO	$3,000	$3,000	$6,000	$6,000
Plan 405	2013	PPO	$750	$750	$2,250	$2,250
Plan 406	2013	PPO	$750	$750	$2,250	$2,250
Plan 407	2013	PPO	$1,500	$1,500	$3,000	$3,000

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K–12 School District Data Collection Project
Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 408	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 409	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 410	2014	PPO	$750	$1,500	$2,250	$4,500
Plan 411	2014	PPO	$200	$400	$400	$800
Plan 412	2014	PPO	$100	$100	$300	$300
Plan 413	2014	PPO	$200	$200	$600	$600
Plan 414	2013	PPO	$100	$250	$300	$750
Plan 414	2014	PPO	$100	$250	$300	$750
Plan 415	2013	PPO	$200	$200	$600	$600
Plan 415	2014	PPO	$200	$200	$600	$600
Plan 416	2013	PPO	$1,000	$1,000	$3,000	$3,000
Plan 416	2014	PPO	$1,000	$1,000	$3,000	$3,000
Plan 417	2013	PPO	$1,500	$1,500	$0	$0
Plan 417	2014	PPO	$1,500	$1,500	$0	$0
Plan 418	2013	HMO	$0	$0	$0	$0
Plan 418	2014	HMO	$0	$0	$0	$0
Plan 419	2013	HMO	$0	$0	$0	$0
Plan 419	2014	HMO	$0	$0	$0	$0
Plan 420	2013	HMO	$0	$0	$0	$0
Plan 420	2014	HMO	$0	$0	$0	$0
Plan 421	2013	HMO	$0	$0	$0	$0
Plan 421	2014	HMO	$0	$0	$0	$0
Plan 422	2013	HMO	$0	$0	$0	$0
Plan 422	2014	HMO	$0	$0	$0	$0
Plan 423	2013	HMO	$0	$0	$0	$0
Plan 423	2014	HMO	$0	$0	$0	$0
Plan 424	2013	HMO	$0	$0	$0	$0
Plan 424	2014	HMO	$0	$0	$0	$0
Plan 425	2013	HMO	$200	$0	$600	$0
Plan 425	2014	HMO	$200	$0	$600	$0
Plan 426	2013	HMO	$200	$0	$600	$0
Plan 426	2014	HMO	$200	$0	$600	$0

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Exhibit A5c
Health Plan Design Comparison — Deductibles (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 427	2013	HMO	$0	$0	$0	$0
Plan 427	2014	HMO	$0	$0	$0	$0
Plan 428	2013	HMO	$200	$0	$400	$0
Plan 428	2014	HMO	$200	$0	$400	$0
Plan 429	2013	HMO	$0	$0	$0	$0
Plan 430	2013	HMO	$0	$0	$0	$0
Plan 430	2014	HMO	$0	$0	$0	$0
Plan 431	2013	HMO	$350	$0	$1,050	$0
Plan 431	2014	HMO	$350	$0	$1,050	$0
Plan 432	2013	HMO	$0	$0	$0	$0
Plan 432	2014	HMO	$0	$0	$0	$0
Plan 433	2013	HMO	$500	$0	$1,000	$0
Plan 433	2014	HMO	$500	$0	$1,000	$0
Plan 434	2013	HMO	$0	$0	$0	$0
Plan 434	2014	HMO	$0	$0	$0	$0
Plan 435	2013	HMO	$200	$0	$400	$0
Plan 435	2014	HMO	$200	$0	$400	$0
Plan 436	2013	HMO	$0	$0	$0	$0
Plan 436	2014	HMO	$0	$0	$0	$0
Plan 437	2013	HMO	$0	$0	$0	$0
Plan 437	2014	HMO	$0	$0	$0	$0
Plan 438	2013	HMO	$200	$0	$400	$0
Plan 438	2014	HMO	$200	$0	$400	$0
Plan 439	2013	HMO	$250	$0	$750	$0
Plan 439	2014	HMO	$250	$0	$750	$0
Plan 440	2013	HMO	$0	$0	$0	$0
Plan 440	2014	HMO	$0	$0	$0	$0
Plan 441	2013	HMO	$0	$0	$0	$0
Plan 441	2014	HMO	$0	$0	$0	$0
Plan 442	2013	HMO	$200	$0	$600	$0
Plan 442	2014	HMO	$200	$0	$600	$0
Plan 443	2013	HMO	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 443	2014	HMO	$0	$0	$0	$0
Plan 444	2013	HMO	$0	$0	$0	$0
Plan 444	2014	HMO	$0	$0	$0	$0
Plan 445	2013	HMO	$0	$0	$0	$0
Plan 445	2014	HMO	$0	$0	$0	$0
Plan 446	2013	HMO	$0	$0	$0	$0
Plan 446	2014	HMO	$0	$0	$0	$0
Plan 447	2013	HMO	$0	$0	$0	$0
Plan 447	2014	HMO	$0	$0	$0	$0
Plan 448	2013	HMO	$0	$0	$0	$0
Plan 448	2014	HMO	$0	$0	$0	$0
Plan 449	2013	HMO	$0	$0	$0	$0
Plan 449	2014	HMO	$0	$0	$0	$0
Plan 450	2013	HMO	$100	$0	$200	$0
Plan 450	2014	HMO	$100	$0	$200	$0
Plan 451	2013	HMO	$0	$0	$0	$0
Plan 451	2014	HMO	$0	$0	$0	$0
Plan 452	2013	HMO	$0	$0	$0	$0
Plan 452	2014	HMO	$0	$0	$0	$0
Plan 453	2013	HMO	$0	$0	$0	$0
Plan 453	2014	HMO	$0	$0	$0	$0
Plan 454	2013	HMO	$0	$0	$0	$0
Plan 454	2014	HMO	$0	$0	$0	$0
Plan 455	2013	HMO	$0	$0	$0	$0
Plan 455	2014	HMO	$0	$0	$0	$0
Plan 456	2013	HMO	$100	$0	$200	$0
Plan 456	2014	HMO	$100	$0	$200	$0
Plan 457	2013	HMO	$200	$0	$600	$0
Plan 458	2013	HMO	$0	$0	$0	$0
Plan 458	2014	HMO	$0	$0	$0	$0
Plan 459	2013	HMO	$0	$0	$0	$0
Plan 459	2014	HMO	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 460	2013	HMO	$0	$0	$0	$0
Plan 460	2014	HMO	$0	$0	$0	$0
Plan 461	2013	HMO	$0	$0	$0	$0
Plan 461	2014	HMO	$0	$0	$0	$0
Plan 462	2013	HMO	$200	$0	$400	$0
Plan 462	2014	HMO	$200	$0	$400	$0
Plan 463	2013	HMO	$200	$0	$400	$0
Plan 463	2014	HMO	$200	$0	$400	$0
Plan 464	2013	HMO	$0	$0	$0	$0
Plan 464	2014	HMO	$0	$0	$0	$0
Plan 465	2013	HMO	$0	$0	$0	$0
Plan 465	2014	HMO	$0	$0	$0	$0
Plan 466	2013	HMO	$250	$0	$750	$0
Plan 466	2014	HMO	$250	$0	$750	$0
Plan 467	2013	HMO	$0	$0	$0	$0
Plan 467	2014	HMO	$0	$0	$0	$0
Plan 468	2013	HMO	$0	$0	$0	$0
Plan 468	2014	HMO	$0	$0	$0	$0
Plan 469	2013	HMO	$250	$0	$750	$0
Plan 469	2014	HMO	$250	$0	$750	$0
Plan 470	2013	HMO	$250	$0	$750	$0
Plan 470	2014	HMO	$250	$0	$750	$0
Plan 471	2013	HMO	$250	$0	$750	$0
Plan 471	2014	HMO	$250	$0	$750	$0
Plan 472	2013	HMO	$0	$0	$0	$0
Plan 472	2014	HMO	$0	$0	$0	$0
Plan 473	2013	HMO	$0	$0	$0	$0
Plan 473	2014	HMO	$0	$0	$0	$0
Plan 474	2013	HMO	$250	$0	$750	$0
Plan 474	2014	HMO	$250	$0	$750	$0
Plan 475	2013	HMO	$250	$0	$750	$0
Plan 475	2014	HMO	$250	$0	$750	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 476	2013	HMO	$0	$0	$0	$0
Plan 476	2014	HMO	$0	$0	$0	$0
Plan 477	2013	HMO	$200	$0	$600	$0
Plan 477	2014	HMO	$200	$0	$600	$0
Plan 478	2013	HMO	$200	$0	$600	$0
Plan 478	2014	HMO	$200	$0	$600	$0
Plan 479	2013	HMO	$200	$0	$600	$0
Plan 479	2014	HMO	$200	$0	$600	$0
Plan 480	2013	PPO	$0	$200	$0	$400
Plan 480	2014	PPO	$0	$200	$0	$400
Plan 481	2013	HMO	$0	$0	$0	$0
Plan 481	2014	HMO	$0	$0	$0	$0
Plan 482	2013	HMO	$250	$0	$750	$0
Plan 482	2014	HMO	$250	$0	$750	$0
Plan 483	2013	HMO	$0	$0	$0	$0
Plan 483	2014	HMO	$0	$0	$0	$0
Plan 484	2013	HMO	$0	$0	$0	$0
Plan 484	2014	HMO	$0	$0	$0	$0
Plan 485	2013	HMO	$500	$0	$1,500	$0
Plan 485	2014	HMO	$500	$0	$1,500	$0
Plan 486	2013	HMO	$500	$0	$1,500	$0
Plan 486	2014	HMO	$500	$0	$1,500	$0
Plan 487	2013	HMO	$500	$0	$1,500	$0
Plan 487	2014	HMO	$500	$0	$1,500	$0
Plan 488	2013	HMO	$500	$0	$1,500	$0
Plan 488	2014	HMO	$500	$0	$1,500	$0
Plan 489	2013	HMO	$500	$0	$1,500	$0
Plan 489	2014	HMO	$500	$0	$1,500	$0
Plan 490	2013	HMO	$500	$0	$1,500	$0
Plan 490	2014	HMO	$500	$0	$1,500	$0
Plan 491	2013	HMO	$500	$0	$1,500	$0
Plan 491	2014	HMO	$500	$0	$1,500	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 492	2013	HMO	$500	$0	$1,500	$0
Plan 492	2014	HMO	$500	$0	$1,500	$0
Plan 493	2013	HMO	$500	$0	$1,500	$0
Plan 493	2014	HMO	$500	$0	$1,500	$0
Plan 494	2013	HMO	$0	$0	$0	$0
Plan 494	2014	HMO	$0	$0	$0	$0
Plan 495	2013	HMO	$200	$0	$600	$0
Plan 495	2014	HMO	$200	$0	$600	$0
Plan 496	2013	HMO	$200	$0	$600	$0
Plan 496	2014	HMO	$200	$0	$600	$0
Plan 497	2013	HMO	$0	$0	$0	$0
Plan 497	2014	HMO	$0	$0	$0	$0
Plan 498	2013	HMO	$200	$0	$600	$0
Plan 498	2014	HMO	$200	$0	$600	$0
Plan 499	2013	HMO	$500	$0	$1,500	$0
Plan 499	2014	HMO	$500	$0	$1,500	$0
Plan 500	2013	HMO	$200	$0	$600	$0
Plan 500	2014	HMO	$200	$0	$600	$0
Plan 501	2013	HMO	$0	$0	$0	$0
Plan 501	2014	HMO	$0	$0	$0	$0
Plan 502	2013	HMO	$0	$0	$0	$0
Plan 502	2014	HMO	$0	$0	$0	$0
Plan 503	2013	HMO	$250	$0	$750	$0
Plan 503	2014	HMO	$250	$0	$750	$0
Plan 504	2013	HMO	$500	$0	$1,500	$0
Plan 504	2014	HMO	$500	$0	$1,500	$0
Plan 505	2013	HMO	$0	$0	$0	$0
Plan 505	2014	HMO	$0	$0	$0	$0
Plan 506	2013	HMO	$200	$0	$400	$0
Plan 506	2014	HMO	$200	$0	$400	$0
Plan 507	2013	HMO	$0	$0	$0	$0
Plan 507	2014	HMO	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 508	2013	HMO	$0	$0	$0	$0
Plan 508	2014	HMO	$0	$0	$0	$0
Plan 509	2013	HMO	$500	$0	$1,500	$0
Plan 509	2014	HMO	$500	$0	$1,500	$0
Plan 510	2013	HMO	$0	$0	$0	$0
Plan 510	2014	HMO	$0	$0	$0	$0
Plan 511	2013	HMO	$200	$0	$600	$0
Plan 511	2014	HMO	$200	$0	$600	$0
Plan 512	2013	HMO	$0	$0	$0	$0
Plan 512	2014	HMO	$0	$0	$0	$0
Plan 513	2013	HMO	$500	$0	$1,500	$0
Plan 514	2013	HMO	$500	$0	$1,500	$0
Plan 515	2013	HMO	$500	$0	$1,500	$0
Plan 516	2013	HMO	$500	$0	$1,500	$0
Plan 517	2013	HMO	$500	$0	$1,500	$0
Plan 518	2013	HMO	$500	$0	$1,500	$0
Plan 519	2013	HMO	$0	$0	$0	$0
Plan 519	2014	HMO	$0	$0	$0	$0
Plan 520	2013	HMO	$1,500	$0	$0	$0
Plan 520	2014	HMO	$1,500	$0	$0	$0
Plan 521	2013	HMO	$1,500	$0	$3,000	$0
Plan 521	2014	HMO	$1,500	$0	$3,000	$0
Plan 522	2013	HMO	$1,500	$1,500	$0	$0
Plan 522	2014	HMO	$1,500	$1,500	$0	$0
Plan 523	2013	HMO	$1,500	$1,500	$0	$0
Plan 523	2014	HMO	$1,500	$1,500	$0	$0
Plan 524	2013	HMO	$1,500	$0	$0	$0
Plan 524	2014	HMO	$1,500	$0	$0	$0
Plan 525	2013	HMO	$1,500	$0	$0	$0
Plan 525	2014	HMO	$1,500	$0	$0	$0
Plan 526	2013	HMO	$1,500	$0	$0	$0
Plan 526	2014	HMO	$1,500	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 527	2013	HMO	$1,500	$0	$0	$0
Plan 527	2014	HMO	$1,500	$0	$0	$0
Plan 528	2013	HMO	$100	$0	$300	$0
Plan 528	2014	HMO	$100	$0	$300	$0
Plan 529	2013	HMO	$1,500	$0	$0	$0
Plan 529	2014	HMO	$1,500	$0	$0	$0
Plan 530	2013	HMO	$1,500	$0	$0	$0
Plan 530	2014	HMO	$1,500	$0	$0	$0
Plan 531	2013	HMO	$1,500	$0	$0	$0
Plan 531	2014	HMO	$1,500	$0	$0	$0
Plan 532	2013	HMO	$1,500	$0	$0	$0
Plan 532	2014	HMO	$1,500	$0	$0	$0
Plan 533	2013	HMO	$1,500	$0	$3,000	$0
Plan 533	2014	HMO	$1,500	$0	$3,000	$0
Plan 534	2013	HMO	$1,500	$0	$0	$0
Plan 534	2014	HMO	$1,500	$0	$0	$0
Plan 535	2013	HMO	$1,500	$0	$0	$0
Plan 535	2014	HMO	$1,500	$0	$0	$0
Plan 536	2013	HMO	$1,500	$0	$0	$0
Plan 536	2014	HMO	$1,500	$0	$0	$0
Plan 537	2013	HMO	$1,500	$0	$3,000	$0
Plan 538	2013	HMO	$1,500	$0	$3,000	$0
Plan 539	2013	HMO	$1,500	$0	$3,000	$0
Plan 540	2013	HMO	$1,500	$0	$3,000	$0
Plan 541	2013	HMO	$1,500	$0	$3,000	$0
Plan 542	2013	HMO	$1,500	$0	$3,000	$0
Plan 543	2013	HMO	$1,500	$0	$3,000	$0
Plan 544	2013	HMO	$1,500	$0	$3,000	$0
Plan 545	2013	HMO	$1,500	$0	$3,000	$0
Plan 546	2013	HMO	$1,500	$0	$3,000	$0
Plan 547	2013	HMO	$1,500	$0	$3,000	$0
Plan 548	2013	HMO	$1,500	$0	$3,000	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 549	2013	HMO	$1,500	$0	$3,000	$0
Plan 550	2013	HMO	$1,500	$0	$3,000	$0
Plan 551	2013	HMO	$1,500	$0	$3,000	$0
Plan 552	2013	HMO	$1,500	$0	$3,000	$0
Plan 553	2013	HMO	$500	$0	$1,000	$0
Plan 553	2014	HMO	$500	$0	$1,000	$0
Plan 554	2013	HMO	$100	$0	$300	$0
Plan 554	2014	HMO	$100	$0	$300	$0
Plan 555	2013	HMO	$0	$0	$0	$0
Plan 556	2013	HMO	$0	$0	$0	$0
Plan 557	2013	HMO	$100	$0	$300	$0
Plan 558	2013	HMO	$100	$0	$300	$0
Plan 559	2013	HMO	$0	$0	$0	$0
Plan 559	2014	HMO	$0	$0	$0	$0
Plan 560	2013	HMO	$100	$0	$300	$0
Plan 560	2014	HMO	$100	$0	$300	$0
Plan 561	2013	HMO	$0	$0	$0	$0
Plan 561	2014	HMO	$0	$0	$0	$0
Plan 562	2013	HMO	$0	$0	$0	$0
Plan 562	2014	HMO	$0	$0	$0	$0
Plan 563	2013	HMO	$0	$0	$0	$0
Plan 563	2014	HMO	$0	$0	$0	$0
Plan 564	2013	HMO	$0	$0	$0	$0
Plan 564	2014	HMO	$0	$0	$0	$0
Plan 565	2013	HMO	$0	$0	$0	$0
Plan 565	2014	HMO	$0	$0	$0	$0
Plan 566	2013	HMO	$0	$0	$0	$0
Plan 566	2014	HMO	$0	$0	$0	$0
Plan 567	2013	HMO	$0	$0	$0	$0
Plan 567	2014	HMO	$0	$0	$0	$0
Plan 568	2013	HMO	$0	$0	$0	$0
Plan 568	2014	HMO	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 569	2013	HMO	$0	$0	$0	$0
Plan 569	2014	HMO	$0	$0	$0	$0
Plan 570	2013	HMO	$0	$0	$0	$0
Plan 570	2014	HMO	$0	$0	$0	$0
Plan 571	2013	HMO	$0	$0	$0	$0
Plan 571	2014	HMO	$0	$0	$0	$0
Plan 572	2013	HMO	$0	$0	$0	$0
Plan 572	2014	HMO	$0	$0	$0	$0
Plan 573	2013	HMO	$0	$0	$0	$0
Plan 573	2014	HMO	$0	$0	$0	$0
Plan 574	2013	HMO	$0	$0	$0	$0
Plan 574	2014	HMO	$0	$0	$0	$0
Plan 575	2013	HMO	$0	$0	$0	$0
Plan 575	2014	HMO	$0	$0	$0	$0
Plan 576	2013	HMO	$100	$0	$300	$0
Plan 576	2014	HMO	$100	$0	$300	$0
Plan 577	2013	HMO	$500	$0	$1,500	$0
Plan 578	2013	HMO	$500	$0	$1,500	$0
Plan 579	2013	HMO	$0	$0	$0	$0
Plan 579	2014	HMO	$0	$0	$0	$0
Plan 580	2013	HMO	$0	$0	$0	$0
Plan 580	2014	HMO	$0	$0	$0	$0
Plan 581	2013	HMO	$0	$0	$0	$0
Plan 581	2014	HMO	$0	$0	$0	$0
Plan 582	2013	HMO	$0	$0	$0	$0
Plan 582	2014	HMO	$0	$0	$0	$0
Plan 583	2013	HMO	$0	$0	$0	$0
Plan 583	2014	HMO	$0	$0	$0	$0
Plan 584	2013	HMO	$0	$0	$0	$0
Plan 584	2014	HMO	$0	$0	$0	$0
Plan 585	2013	HMO	$0	$0	$0	$0
Plan 585	2014	HMO	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 586	2013	HMO	$200	$0	$400	$0
Plan 586	2014	HMO	$200	$0	$400	$0
Plan 587	2013	HMO	$0	$0	$0	$0
Plan 587	2014	HMO	$0	$0	$0	$0
Plan 588	2013	HMO	$0	$0	$0	$0
Plan 588	2014	HMO	$0	$0	$0	$0
Plan 589	2013	HMO	$0	$0	$0	$0
Plan 589	2014	HMO	$0	$0	$0	$0
Plan 590	2013	HMO	$500	$0	$1,500	$0
Plan 591	2013	HMO	$0	$0	$0	$0
Plan 591	2014	HMO	$0	$0	$0	$0
Plan 592	2013	HMO	$0	$0	$0	$0
Plan 592	2014	HMO	$0	$0	$0	$0
Plan 593	2013	HMO	$0	$0	$0	$0
Plan 593	2014	HMO	$0	$0	$0	$0
Plan 594	2013	HMO	$100	$0	$300	$0
Plan 594	2014	HMO	$100	$0	$300	$0
Plan 595	2013	HMO	$0	$0	$0	$0
Plan 595	2014	HMO	$0	$0	$0	$0
Plan 596	2013	HMO	$0	$0	$0	$0
Plan 596	2014	HMO	$0	$0	$0	$0
Plan 597	2013	HMO	$0	$0	$0	$0
Plan 597	2014	HMO	$0	$0	$0	$0
Plan 598	2013	HMO	$0	$0	$0	$0
Plan 598	2014	HMO	$0	$0	$0	$0
Plan 599	2013	HMO	$100	$0	$300	$0
Plan 599	2014	HMO	$100	$0	$300	$0
Plan 600	2013	HMO	$100	$0	$300	$0
Plan 600	2014	HMO	$100	$0	$300	$0
Plan 601	2013	HMO	$100	$0	$300	$0
Plan 601	2014	HMO	$100	$0	$300	$0
Plan 602	2013	HMO	$100	$0	$300	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 602	2014	HMO	$100	$0	$300	$0
Plan 603	2013	HMO	$100	$0	$300	$0
Plan 603	2014	HMO	$100	$0	$300	$0
Plan 604	2013	HMO	$100	$0	$300	$0
Plan 604	2014	HMO	$100	$0	$300	$0
Plan 605	2013	HMO	$100	$0	$300	$0
Plan 605	2014	HMO	$100	$0	$300	$0
Plan 606	2013	HMO	$0	$0	$0	$0
Plan 606	2014	HMO	$0	$0	$0	$0
Plan 607	2013	HMO	$0	$0	$0	$0
Plan 607	2014	HMO	$0	$0	$0	$0
Plan 608	2013	HMO	$0	$0	$0	$0
Plan 608	2014	HMO	$0	$0	$0	$0
Plan 609	2013	HMO	$0	$0	$0	$0
Plan 609	2014	HMO	$0	$0	$0	$0
Plan 610	2013	HMO	$0	$0	$0	$0
Plan 610	2014	HMO	$0	$0	$0	$0
Plan 611	2013	HMO	$0	$0	$0	$0
Plan 611	2014	HMO	$0	$0	$0	$0
Plan 612	2013	HMO	$0	$0	$0	$0
Plan 612	2014	HMO	$0	$0	$0	$0
Plan 613	2013	HMO	$500	$0	$1,500	$0
Plan 613	2014	HMO	$500	$0	$1,500	$0
Plan 614	2013	HMO	$500	$0	$1,500	$0
Plan 614	2014	HMO	$500	$0	$1,500	$0
Plan 615	2013	HMO	$500	$0	$1,500	$0
Plan 615	2014	HMO	$500	$0	$1,500	$0
Plan 616	2013	HMO	$500	$0	$1,500	$0
Plan 616	2014	HMO	$500	$0	$1,500	$0
Plan 617	2013	HMO	$0	$0	$0	$0
Plan 617	2014	HMO	$0	$0	$0	$0
Plan 618	2013	HMO	$100	$0	$300	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 618	2014	HMO	$100	$0	$300	$0
Plan 619	2013	HMO	$500	$0	$1,500	$0
Plan 619	2014	HMO	$500	$0	$1,500	$0
Plan 620	2013	HMO	$0	$0	$0	$0
Plan 620	2014	HMO	$0	$0	$0	$0
Plan 621	2013	HMO	$0	$0	$0	$0
Plan 621	2014	HMO	$0	$0	$0	$0
Plan 622	2013	HMO	$0	$0	$0	$0
Plan 622	2014	HMO	$0	$0	$0	$0
Plan 623	2013	HMO	$0	$0	$0	$0
Plan 623	2014	HMO	$0	$0	$0	$0
Plan 624	2013	HMO	$100	$0	$300	$0
Plan 624	2014	HMO	$100	$0	$300	$0
Plan 625	2013	HMO	$500	$0	$1,500	$0
Plan 625	2014	HMO	$500	$0	$1,500	$0
Plan 626	2013	HMO	$100	$0	$300	$0
Plan 626	2014	HMO	$100	$0	$300	$0
Plan 627	2013	HMO	$0	$0	$0	$0
Plan 628	2013	HMO	$100	$0	$300	$0
Plan 628	2014	HMO	$100	$0	$300	$0
Plan 629	2013	HMO	$0	$0	$0	$0
Plan 629	2014	HMO	$0	$0	$0	$0
Plan 630	2013	HMO	$500	$0	$1,500	$0
Plan 630	2014	HMO	$500	$0	$1,500	$0
Plan 631	2013	HMO	$100	$0	$300	$0
Plan 631	2014	HMO	$100	$0	$300	$0
Plan 632	2013	HMO	$100	$0	$300	$0
Plan 632	2014	HMO	$100	$0	$300	$0
Plan 633	2013	HMO	$100	$0	$300	$0
Plan 633	2014	HMO	$100	$0	$300	$0
Plan 634	2013	HMO	$0	$0	$0	$0
Plan 635	2013	HMO	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 636	2013	HMO	$100	$0	$300	$0
Plan 637	2013	HMO	$0	$0	$0	$0
Plan 638	2013	HMO	$100	$0	$300	$0
Plan 639	2013	HMO	$100	$0	$300	$0
Plan 640	2013	HMO	$0	$0	$0	$0
Plan 641	2013	HMO	$100	$0	$300	$0
Plan 642	2013	HMO	$0	$0	$0	$0
Plan 643	2013	HMO	$100	$0	$300	$0
Plan 644	2013	HMO	$0	$0	$0	$0
Plan 645	2013	HMO	$100	$0	$300	$0
Plan 646	2013	HMO	$0	$0	$0	$0
Plan 647	2013	HMO	$100	$0	$300	$0
Plan 648	2013	HMO	$100	$0	$300	$0
Plan 649	2013	HMO	$100	$0	$300	$0
Plan 649	2014	HMO	$100	$0	$300	$0
Plan 650	2013	HMO	$500	$0	$1,500	$0
Plan 650	2014	HMO	$500	$0	$1,500	$0
Plan 651	2013	HMO	$100	$0	$300	$0
Plan 651	2014	HMO	$100	$0	$300	$0
Plan 652	2013	HMO	$500	$0	$1,500	$0
Plan 652	2014	HMO	$500	$0	$1,500	$0
Plan 653	2013	HMO	$100	$0	$300	$0
Plan 653	2014	HMO	$100	$0	$300	$0
Plan 654	2013	HMO	$100	$0	$300	$0
Plan 654	2014	HMO	$100	$0	$300	$0
Plan 655	2013	HMO	$0	$0	$0	$0
Plan 655	2014	HMO	$0	$0	$0	$0
Plan 656	2013	HMO	$0	$0	$0	$0
Plan 656	2014	HMO	$0	$0	$0	$0
Plan 657	2013	HMO	$0	$0	$0	$0
Plan 657	2014	HMO	$0	$0	$0	$0
Plan 658	2013	HMO	$200	$0	$600	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 658	2014	HMO	$200	$0	$600	$0
Plan 659	2013	HMO	$200	$0	$600	$0
Plan 659	2014	HMO	$200	$0	$600	$0
Plan 660	2013	HMO	$0	$0	$0	$0
Plan 660	2014	HMO	$0	$0	$0	$0
Plan 661	2013	HMO	$0	$0	$0	$0
Plan 661	2014	HMO	$0	$0	$0	$0
Plan 662	2013	HMO	$200	$0	$600	$0
Plan 662	2014	HMO	$200	$0	$600	$0
Plan 663	2013	HMO	$250	$0	$500	$0
Plan 663	2014	HMO	$250	$0	$500	$0
Plan 664	2013	HMO	$0	$0	$0	$0
Plan 664	2014	HMO	$0	$0	$0	$0
Plan 665	2013	HMO	$0	$0	$0	$0
Plan 665	2014	HMO	$0	$0	$0	$0
Plan 666	2013	HMO	$0	$0	$0	$0
Plan 666	2014	HMO	$0	$0	$0	$0
Plan 667	2013	HMO	$100	$0	$200	$0
Plan 667	2014	HMO	$100	$0	$200	$0
Plan 668	2013	PPO	$100	$100	$300	$300
Plan 668	2014	PPO	$100	$100	$300	$300
Plan 669	2013	PPO	$500	$0	$1,500	$0
Plan 669	2014	PPO	$500	$0	$1,500	$0
Plan 670	2013	PPO	$0	$0	$0	$0
Plan 670	2014	PPO	$0	$0	$0	$0
Plan 671	2013	PPO	$0	$0	$0	$0
Plan 671	2014	PPO	$0	$0	$0	$0
Plan 672	2013	PPO	$350	$350	$700	$700
Plan 672	2014	PPO	$350	$350	$700	$700
Plan 673	2013	PPO	$1,500	$1,500	$0	$0
Plan 673	2014	PPO	$1,500	$1,500	$0	$0
Plan 674	2013	PPO	$1,500	$1,500	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 674	2014	PPO	$1,500	$1,500	$0	$0
Plan 675	2013	PPO	$200	$400	$600	$1,200
Plan 676	2013	PPO	$200	$400	$600	$1,200
Plan 677	2013	PPO	$500	$500	$1,500	$1,500
Plan 678	2013	PPO	$500	$500	$1,000	$1,000
Plan 679	2013	PPO	$500	$500	$1,000	$1,000
Plan 680	2013	PPO	$500	$500	$1,500	$1,500
Plan 681	2013	PPO	$500	$500	$1,500	$1,500
Plan 682	2013	PPO	$500	$500	$1,000	$1,000
Plan 683	2013	PPO	$500	$500	$1,500	$1,500
Plan 684	2013	PPO	$500	$500	$1,500	$1,500
Plan 685	2013	PPO	$200	$400	$600	$1,200
Plan 685	2014	PPO	$200	$400	$600	$1,200
Plan 686	2013	PPO	$0	$200	$0	$600
Plan 686	2014	PPO	$0	$200	$0	$600
Plan 687	2013	PPO	$500	$1,000	$1,500	$3,000
Plan 687	2014	PPO	$500	$1,000	$1,500	$3,000
Plan 688	2013	PPO	$200	$400	$600	$1,200
Plan 688	2014	PPO	$200	$400	$600	$1,200
Plan 689	2013	PPO	$0	$200	$0	$600
Plan 689	2014	PPO	$0	$200	$0	$600
Plan 690	2013	PPO	$0	$200	$0	$600
Plan 691	2013	PPO	$0	$200	$0	$600
Plan 692	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 693	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 694	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 695	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 696	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 697	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 698	2014	HMO	$0	Not Covered	$0	Not Covered
Plan 699	2014	PPO	$100	Included In-Network	$300	Included In-Network
Plan 700	2014	PPO	$200	Included In-Network	$600	Included In-Network

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 701	2014	PPO	$1,000	Included In-Network	$3,000	Included In-Network
Plan 702	2014	PPO	$1,500	$3,000	$3,000	$6,000
Plan 703	2014	PPO	$1,500	$3,000	$3,000	$6,000
Plan 704	2013	HMO	$250	Not Covered	$750	Not Covered
Plan 705	2014	PPO	$1,500	$4,500	$3,000	$9,000
Plan 706	2013	PPO	$100	$300	$300	$900
Plan 706	2014	PPO	$100	$300	$300	$900
Plan 707	2013	PPO	$500	$1,500	$1,500	$4,500
Plan 707	2014	PPO	$500	$1,500	$1,500	$4,500
Plan 708	2014	PPO	$200	Included In-Network	$600	Included In-Network
Plan 709	2014	PPO	$300	Included In-Network	$900	Included In-Network
Plan 710	2014	PPO	$200	$350	$600	$0
Plan 711	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 711	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 712	2013	PPO	$3,000	$3,000	$6,000	$6,000
Plan 712	2014	PPO	$3,000	$3,000	$6,000	$6,000
Plan 713	2014	PPO	$500	$500	$1,500	$1,500
Plan 714	2013	PPO	$250	$250	$750	$750
Plan 715	2013	PPO	$500	$500	$1,500	$1,500
Plan 716	2013	PPO	$0	$0	$0	$0
Plan 717	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 718	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 719	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 720	2014	PPO	$750	$750	$2,250	$2,250
Plan 721	2014	PPO	$750	$750	$2,250	$2,250
Plan 722	2014	PPO	$300	$300	$900	$900
Plan 723	2014	PPO	$300	$300	$900	$900
Plan 724	2014	PPO	$0	$0	$0	$0
Plan 725	2014	PPO	$0	$0	$0	$0
Plan 726	2014	PPO	$500	$500	$1,500	$1,500
Plan 727	2014	PPO	$750	$750	$2,250	$2,250
Plan 728	2014	PPO	$1,000	$1,000	$3,000	$3,000

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 729	2014	TRAD	$0	$0	$0	$0
Plan 730	2014	PPO	$200	$200	$600	$600
Plan 731	2014	PPO	$500	$500	$1,500	$1,500
Plan 732	2014	TRAD	$750	$750	$2,250	$2,250
Plan 733	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 734	2014	PPO	$1,000	$1,000	$3,000	$3,000
Plan 735	2014	PPO	$100	$100	$300	$300
Plan 736	2014	PPO	$750	$750	$2,250	$2,250
Plan 737	2014	PPO	$500	$500	$1,500	$1,500
Plan 738	2014	TRAD	$0	$0	$0	$0
Plan 739	2014	TRAD	$750	$750	$2,250	$2,250
Plan 740	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 741	2014	TRAD	$750	$750	$2,250	$2,250
Plan 742	2014	TRAD	$250	$250	$750	$750
Plan 743	2014	PPO	$300	$300	$900	$900
Plan 744	2013	PPO	$100	$100	$300	$300
Plan 744	2014	PPO	$100	$100	$300	$300
Plan 745	2013	PPO	$3,000	$3,000	$6,000	$6,000
Plan 745	2014	PPO	$3,000	$3,000	$6,000	$6,000
Plan 746	2013	PPO	$100	$100	$300	$300
Plan 746	2014	PPO	$100	$100	$300	$300
Plan 747	2013	PPO	$3,000	$3,000	$6,000	$6,000
Plan 747	2014	PPO	$3,000	$3,000	$6,000	$6,000
Plan 748	2013	PPO	$200	$200	$600	$600
Plan 749	2013	PPO	$0	$0	$0	$0
Plan 750	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 751	2013	PPO	$250	$250	$750	$750
Plan 752	2013	PPO	$0	$0	$0	$0
Plan 753	2014	PPO	$750	$750	$2,250	$2,250
Plan 754	2014	PPO	$300	$300	$900	$900
Plan 755	2014	PPO	$0	$0	$0	$0
Plan 756	2014	PPO	$200	$200	$600	$600

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 757	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 758	2014	PPO	$1,000	$1,000	$3,000	$3,000
Plan 759	2014	PPO	$100	$100	$300	$300
Plan 760	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 761	2013	PPO	$250	$250	$750	$750
Plan 761	2014	PPO	$250	$250	$750	$750
Plan 762	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 762	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 763	2013	PPO	$750	$750	$2,250	$2,250
Plan 763	2014	PPO	$750	$750	$2,250	$2,250
Plan 764	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 764	2014	PPO	$1,500	$1,500	$3,000	$3,000
Plan 765	2013	PPO	$1,500	$1,500	$3,000	$3,000
Plan 766	2013	PPO	$100	$100	$300	$300
Plan 767	2013	PPO	$200	$200	$600	$600
Plan 768	2014	PPO	$1,500	$3,000	$3,000	$6,000
Plan 769	2014	PPO	$1,500	$2	$3,000	$2
Plan 770	2014	PPO	$1,500	$2	$3,000	$2
Plan 771	2014	PPO	$200	$350	$600	$1,050
Plan 772	2014	PPO	$500	$2	$1,500	$2
Plan 773	2014	PPO	$500	$2	$1,500	$2
Plan 774	2014	PPO	$200	$2	$600	$2
Plan 775	2014	PPO	$300	$2	$900	$2
Plan 776	2014	PPO	$1,000	$2,000	$3,000	$6,000
Plan 777	2014	PPO	$750	$2,250	$1,500	$4,500
Plan 778	2014	PPO	$0	$250	$0	$750
Plan 779	2014	PPO	$750	$2	$2,250	$2
Plan 780	2014	PPO	$750	$2	$2,250	$2

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Exhibit A5d
Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)
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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 238	2013	PPO	0%	0%	100%	30%
Plan 245	2013	PPO	0%	25%	100%	50%
Plan 268	2013	PPO	0%	20%	100%	40%
Plan 269	2013	PPO	0%	20%	40%	40%
Plan 269	2014	PPO	0%	20%	40%	40%
Plan 270	2013	PPO	0%	25%	50%	50%
Plan 270	2014	PPO	0%	25%	50%	50%
Plan 271	2013	PPO	0%	10%	20%	20%
Plan 271	2014	PPO	0%	10%	20%	20%
Plan 272	2013	PPO	0%	30%	50%	50%
Plan 272	2014	PPO	0%	30%	50%	50%
Plan 273	2013	HMO	0%	30%	Not Covered	Not Covered
Plan 273	2014	HMO	0%	30%	Not Covered	Not Covered
Plan 274	2013	HMO	0%	10%	Not Covered	Not Covered
Plan 275	2013	HMO	0%	20%	Not Covered	Not Covered
Plan 275	2014	HMO	0%	20%	Not Covered	Not Covered
Plan 276	2013	HMO	0%	20%	Not Covered	Not Covered
Plan 276	2014	HMO	0%	20%	Not Covered	Not Covered
Plan 277	2013	HMO	0%	20%	Not Covered	Not Covered
Plan 278	2013	PPO	0%	20%	Not Covered	50%
Plan 278	2014	PPO	0%	20%	Not Covered	50%
Plan 279	2013	PPO	0%	25%	Not Covered	50%
Plan 279	2014	PPO	0%	25%	Not Covered	50%
Plan 280	2013	PPO	0%	35%	Not Covered	50%
Plan 280	2014	PPO	0%	35%	Not Covered	50%
Plan 281	2013	Closed Network	0%	10%	Not Covered	Not Covered
Plan 281	2014	Closed Network	0%	10%	Not Covered	Not Covered
Plan 282	2013	Closed Network	0%	30%	Not Covered	Not Covered
Plan 282	2014	Closed Network	0%	30%	Not Covered	Not Covered
Plan 283	2013	Closed Network	0%	20%	Not Covered	Not Covered
Plan 283	2013	Closed Network	0%	20%	Not Covered	Not Covered
Plan 283	2014	Closed Network	0%	20%	Not Covered	Not Covered

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 285	2013	Closed Network	0%	30%	Not Covered	Not Covered
Plan 285	2013	Closed Network	0%	30%	Not Covered	Not Covered
Plan 285	2014	Closed Network	0%	30%	Not Covered	Not Covered
Plan 286	2013	HMO	0%	20%	Not Covered	Not Covered
Plan 287	2013	HMO	0%	20%	Not Covered	Not Covered
Plan 288	2013	HMO	0%	10%	Not Covered	Not Covered
Plan 289	2013	PPO	0%	20%	Not Covered	50%
Plan 289	2014	PPO	0%	20%	Not Covered	50%
Plan 292	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 293	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 294	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 298	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 300	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 301	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 301	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 302	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 302	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 303	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 304	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 305	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 306	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 308	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 308	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 310	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 311	2013	HMO	0%	0%	Not Covered	Not Covered
Plan 315	2013	PPO	0%	20%	Not Covered	50%
Plan 315	2014	PPO	0%	20%	Not Covered	50%
Plan 316	2013	PPO	0%	20%	Not Covered	50%
Plan 317	2013	PPO	0%	20%	100%	40%
Plan 318	2013	PPO	0%	20%	Not Covered	50%
Plan 318	2014	PPO	0%	20%	Not Covered	50%
Plan 319	2013	PPO	0%	20%	Not Covered	50%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 320	2013	PPO	0%	20%	Not Covered	50%
Plan 320	2014	PPO	0%	20%	Not Covered	50%
Plan 321	2013	PPO	0%	20%	Not Covered	50%
Plan 322	2013	PPO	0%	20%	Not Covered	50%
Plan 322	2014	PPO	0%	20%	Not Covered	50%
Plan 324	2013	PPO	0%	20%	40%	40%
Plan 324	2014	PPO	0%	20%	0%	40%
Plan 325	2013	PPO	0%	20%	40%	40%
Plan 325	2014	PPO	0%	20%	40%	40%
Plan 326	2013	PPO	0%	20%	40%	20%
Plan 326	2014	PPO	0%	20%	40%	40%
Plan 327	2013	PPO	0%	20%	Not Covered	50%
Plan 327	2014	PPO	0%	20%	Not Covered	50%
Plan 328	2013	PPO	0%	20%	40%	40%
Plan 332	2013	PPO	0%	20%	40%	40%
Plan 332	2014	PPO	0%	20%	40%	40%
Plan 334	2013	PPO	0%	20%	40%	40%
Plan 334	2014	PPO	0%	20%	40%	40%
Plan 335	2013	PPO	0%	20%	40%	40%
Plan 335	2014	PPO	0%	20%	40%	40%
Plan 336	2013	PPO	0%	20%	40%	40%
Plan 336	2014	PPO	0%	20%	40%	40%
Plan 337	2013	PPO	0%	20%	40%	40%
Plan 337	2014	PPO	0%	20%	40%	40%
Plan 338	2013	PPO	0%	20%	40%	40%
Plan 338	2014	PPO	0%	20%	40%	40%
Plan 339	2013	PPO	0%	20%	40%	40%
Plan 339	2014	PPO	0%	20%	40%	40%
Plan 340	2013	PPO	0%	20%	40%	40%
Plan 340	2014	PPO	0%	20%	40%	40%
Plan 341	2013	PPO	0%	20%	40%	40%
Plan 341	2014	PPO	0%	20%	40%	40%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 342	2013	PPO	0%	20%	40%	40%
Plan 342	2014	PPO	0%	20%	40%	40%
Plan 343	2013	PPO	0%	20%	40%	40%
Plan 343	2014	PPO	0%	20%	40%	40%
Plan 344	2013	PPO	0%	20%	40%	40%
Plan 344	2014	PPO	0%	20%	40%	40%
Plan 345	2013	PPO	0%	20%	50%	50%
Plan 345	2014	PPO	0%	20%	50%	50%
Plan 346	2013	PPO	0%	15%	40%	40%
Plan 347	2013	PPO	0%	15%	40%	40%
Plan 348	2013	PPO	0%	10%	20%	30%
Plan 349	2013	PPO	0%	20%	20%	40%
Plan 350	2013	PPO	0%	20%	20%	40%
Plan 351	2013	PPO	0%	10%	Not Covered	30%
Plan 352	2013	PPO	100%	90%	70%	70%
Plan 352	2014	PPO	100%	90%	70%	70%
Plan 353	2013	PPO	100%	80%	60%	60%
Plan 354	2013	PPO	100%	80%	60%	60%
Plan 355	2013	TRAD	100%	80%	80%	80%
Plan 355	2014	TRAD	100%	80%	80%	80%
Plan 356	2013	TRAD	100%	70%	70%	70%
Plan 356	2014	TRAD	100%	70%	70%	70%
Plan 357	2013	TRAD	100%	80%	80%	80%
Plan 358	2013	PPO	100%	90%	100%	70%
Plan 359	2013	PPO	100%	80%	60%	60%
Plan 360	2013	PPO	100%	90%	100%	70%
Plan 361	2013	PPO	100%	80%	100%	60%
Plan 362	2013	PPO	100%	90%	70%	70%
Plan 362	2014	PPO	100%	90%	70%	70%
Plan 363	2013	PPO	100%	80%	60%	60%
Plan 363	2014	PPO	100%	80%	60%	60%
Plan 364	2013	PPO	100%	80%	60%	60%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 365	2013	PPO	100%	80%	60%	60%
Plan 366	2013	PPO	100%	80%	60%	60%
Plan 367	2013	TRAD	100%	80%	80%	80%
Plan 367	2014	TRAD	100%	80%	80%	80%
Plan 368	2013	TRAD	100%	70%	70%	70%
Plan 368	2014	TRAD	100%	70%	70%	70%
Plan 369	2013	PPO	100%	80%	60%	60%
Plan 370	2013	PPO	100%	80%	60%	60%
Plan 370	2014	PPO	100%	80%	60%	60%
Plan 374	2013	TRAD	100%	70%	70%	70%
Plan 378	2013	PPO	100%	90%	70%	70%
Plan 380	2013	TRAD	100%	80%	80%	80%
Plan 381	2013	PPO	100%	80%	60%	60%
Plan 383	2013	PPO	100%	90%	100%	70%
Plan 384	2013	PPO	100%	90%	100%	70%
Plan 385	2013	PPO	100%	90%	100%	60%
Plan 386	2013	PPO	100%	90%	100%	60%
Plan 391	2013	PPO	100%	80%	100%	60%
Plan 392	2013	PPO	100%	80%	50%	50%
Plan 393	2013	PPO	100%	80%	60%	60%
Plan 397	2013	TRAD	100%	70%	70%	70%
Plan 398	2013	TRAD	100%	80%	100%	80%
Plan 399	2013	TRAD	100%	80%	100%	80%
Plan 400	2013	PPO	100%	90%	100%	60%
Plan 401	2013	PPO	100%	80%	60%	60%
Plan 401	2014	PPO	100%	80%	60%	60%
Plan 402	2013	PPO	100%	80%	60%	60%
Plan 403	2013	PPO	100%	80%	60%	60%
Plan 404	2013	PPO	100%	80%	60%	60%
Plan 405	2013	PPO	100%	70%	100%	70%
Plan 406	2013	PPO	100%	70%	100%	70%
Plan 407	2013	PPO	100%	80%	100%	60%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 408	2013	PPO	100%	80%	100%	60%
Plan 409	2014	PPO	100%	80%	50%	50%
Plan 410	2014	PPO	100%	80%	50%	50%
Plan 411	2014	PPO	100%	100%	70%	70%
Plan 412	2014	PPO	100%	80%	60%	60%
Plan 413	2014	PPO	100%	80%	60%	60%
Plan 414	2013	PPO	100%	100%	70%	70%
Plan 414	2014	PPO	100%	100%	70%	70%
Plan 415	2013	PPO	100%	80%	60%	60%
Plan 415	2014	PPO	100%	80%	60%	60%
Plan 416	2013	PPO	100%	80%	60%	60%
Plan 416	2014	PPO	100%	80%	60%	60%
Plan 417	2013	PPO	100%	80%	70%	70%
Plan 417	2014	PPO	100%	80%	70%	70%
Plan 418	2013	HMO	100%	100%	0%	0%
Plan 418	2014	HMO	100%	100%	0%	0%
Plan 419	2013	HMO	100%	100%	0%	0%
Plan 419	2014	HMO	100%	100%	0%	0%
Plan 420	2013	HMO	100%	100%	0%	0%
Plan 420	2014	HMO	100%	100%	0%	0%
Plan 421	2013	HMO	100%	100%	0%	0%
Plan 421	2014	HMO	100%	100%	0%	0%
Plan 422	2013	HMO	100%	100%	0%	0%
Plan 422	2014	HMO	100%	100%	0%	0%
Plan 423	2013	HMO	100%	100%	0%	0%
Plan 423	2014	HMO	100%	100%	0%	0%
Plan 424	2013	HMO	100%	100%	0%	0%
Plan 424	2014	HMO	100%	100%	0%	0%
Plan 425	2013	HMO	80%	80%	0%	0%
Plan 425	2014	HMO	80%	80%	0%	0%
Plan 426	2013	HMO	100%	100%	0%	0%
Plan 426	2014	HMO	100%	100%	0%	0%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 427	2013	HMO	100%	100%	0%	0%
Plan 427	2014	HMO	100%	100%	0%	0%
Plan 428	2013	HMO	100%	100%	0%	0%
Plan 428	2014	HMO	100%	100%	0%	0%
Plan 429	2013	HMO	100%	100%	0%	0%
Plan 430	2013	HMO	100%	100%	0%	0%
Plan 430	2014	HMO	100%	100%	0%	0%
Plan 431	2013	HMO	80%	80%	0%	0%
Plan 431	2014	HMO	80%	80%	0%	0%
Plan 432	2013	HMO	100%	100%	0%	0%
Plan 432	2014	HMO	100%	100%	0%	0%
Plan 433	2013	HMO	100%	100%	0%	0%
Plan 433	2014	HMO	100%	100%	0%	0%
Plan 434	2013	HMO	100%	100%	0%	0%
Plan 434	2014	HMO	100%	100%	0%	0%
Plan 435	2013	HMO	90%	90%	0%	0%
Plan 435	2014	HMO	90%	90%	0%	0%
Plan 436	2013	HMO	100%	100%	0%	0%
Plan 436	2014	HMO	100%	100%	0%	0%
Plan 437	2013	HMO	100%	100%	0%	0%
Plan 437	2014	HMO	100%	100%	0%	0%
Plan 438	2013	HMO	100%	100%	0%	0%
Plan 438	2014	HMO	100%	100%	0%	0%
Plan 439	2013	HMO	100%	100%	0%	0%
Plan 439	2014	HMO	100%	100%	0%	0%
Plan 440	2013	HMO	100%	100%	0%	0%
Plan 440	2014	HMO	100%	100%	0%	0%
Plan 441	2013	HMO	100%	100%	0%	0%
Plan 441	2014	HMO	100%	100%	0%	0%
Plan 442	2013	HMO	100%	100%	0%	0%
Plan 442	2014	HMO	100%	100%	0%	0%
Plan 443	2013	HMO	100%	100%	0%	0%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 443	2014	HMO	100%	100%	0%	0%
Plan 444	2013	HMO	100%	100%	0%	0%
Plan 444	2014	HMO	100%	100%	0%	0%
Plan 445	2013	HMO	100%	100%	0%	0%
Plan 445	2014	HMO	100%	100%	0%	0%
Plan 446	2013	HMO	100%	100%	0%	0%
Plan 446	2014	HMO	100%	100%	0%	0%
Plan 447	2013	HMO	100%	100%	0%	0%
Plan 447	2014	HMO	100%	100%	0%	0%
Plan 448	2013	HMO	100%	100%	0%	0%
Plan 448	2014	HMO	100%	100%	0%	0%
Plan 449	2013	HMO	100%	100%	0%	0%
Plan 449	2014	HMO	100%	100%	0%	0%
Plan 450	2013	HMO	100%	100%	0%	0%
Plan 450	2014	HMO	100%	100%	0%	0%
Plan 451	2013	HMO	100%	100%	0%	0%
Plan 451	2014	HMO	100%	100%	0%	0%
Plan 452	2013	HMO	100%	100%	0%	0%
Plan 452	2014	HMO	100%	100%	0%	0%
Plan 453	2013	HMO	100%	100%	0%	0%
Plan 453	2014	HMO	100%	100%	0%	0%
Plan 454	2013	HMO	100%	100%	0%	0%
Plan 454	2014	HMO	100%	100%	0%	0%
Plan 455	2013	HMO	100%	100%	0%	0%
Plan 455	2014	HMO	100%	100%	0%	0%
Plan 456	2013	HMO	100%	100%	0%	0%
Plan 456	2014	HMO	100%	100%	0%	0%
Plan 457	2013	HMO	80%	80%	0%	0%
Plan 458	2013	HMO	100%	100%	0%	0%
Plan 458	2014	HMO	100%	100%	0%	0%
Plan 459	2013	HMO	90%	90%	0%	0%
Plan 459	2014	HMO	90%	90%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 460	2013	HMO	100%	100%	0%	0%
Plan 460	2014	HMO	100%	100%	0%	0%
Plan 461	2013	HMO	100%	100%	0%	0%
Plan 461	2014	HMO	100%	100%	0%	0%
Plan 462	2013	HMO	80%	80%	0%	0%
Plan 462	2014	HMO	80%	80%	0%	0%
Plan 463	2013	HMO	90%	90%	0%	0%
Plan 463	2014	HMO	90%	90%	0%	0%
Plan 464	2013	HMO	100%	100%	0%	0%
Plan 464	2014	HMO	100%	100%	0%	0%
Plan 465	2013	HMO	100%	100%	0%	0%
Plan 465	2014	HMO	100%	100%	0%	0%
Plan 466	2013	HMO	80%	80%	0%	0%
Plan 466	2014	HMO	80%	80%	0%	0%
Plan 467	2013	HMO	100%	100%	0%	0%
Plan 467	2014	HMO	100%	100%	0%	0%
Plan 468	2013	HMO	100%	100%	0%	0%
Plan 468	2014	HMO	100%	100%	0%	0%
Plan 469	2013	HMO	80%	80%	0%	0%
Plan 469	2014	HMO	80%	80%	0%	0%
Plan 470	2013	HMO	80%	80%	0%	0%
Plan 470	2014	HMO	80%	80%	0%	0%
Plan 471	2013	HMO	80%	80%	0%	0%
Plan 471	2014	HMO	80%	80%	0%	0%
Plan 472	2013	HMO	100%	100%	0%	0%
Plan 472	2014	HMO	100%	100%	0%	0%
Plan 473	2013	HMO	100%	100%	0%	0%
Plan 473	2014	HMO	100%	100%	0%	0%
Plan 474	2013	HMO	80%	80%	0%	0%
Plan 474	2014	HMO	80%	80%	0%	0%
Plan 475	2013	HMO	80%	80%	0%	0%
Plan 475	2014	HMO	80%	80%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 476	2013	HMO	100%	100%	0%	0%
Plan 476	2014	HMO	100%	100%	0%	0%
Plan 477	2013	HMO	100%	100%	0%	0%
Plan 477	2014	HMO	100%	100%	0%	0%
Plan 478	2013	HMO	100%	100%	0%	0%
Plan 478	2014	HMO	100%	100%	0%	0%
Plan 479	2013	HMO	80%	80%	0%	0%
Plan 479	2014	HMO	80%	80%	0%	0%
Plan 480	2013	PPO	100%	100%	80%	80%
Plan 480	2014	PPO	100%	100%	80%	80%
Plan 481	2013	HMO	100%	100%	0%	0%
Plan 481	2014	HMO	100%	100%	0%	0%
Plan 482	2013	HMO	80%	80%	0%	0%
Plan 482	2014	HMO	80%	80%	0%	0%
Plan 483	2013	HMO	100%	100%	0%	0%
Plan 483	2014	HMO	100%	100%	0%	0%
Plan 484	2013	HMO	100%	100%	0%	0%
Plan 484	2014	HMO	100%	100%	0%	0%
Plan 485	2013	HMO	80%	80%	0%	0%
Plan 485	2014	HMO	80%	80%	0%	0%
Plan 486	2013	HMO	80%	80%	0%	0%
Plan 486	2014	HMO	80%	80%	0%	0%
Plan 487	2013	HMO	80%	80%	0%	0%
Plan 487	2014	HMO	80%	80%	0%	0%
Plan 488	2013	HMO	80%	80%	0%	0%
Plan 488	2014	HMO	80%	80%	0%	0%
Plan 489	2013	HMO	80%	80%	0%	0%
Plan 489	2014	HMO	80%	80%	0%	0%
Plan 490	2013	HMO	80%	80%	0%	0%
Plan 490	2014	HMO	80%	80%	0%	0%
Plan 491	2013	HMO	80%	80%	0%	0%
Plan 491	2014	HMO	80%	80%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 492	2013	HMO	80%	80%	0%	0%
Plan 492	2014	HMO	80%	80%	0%	0%
Plan 493	2013	HMO	80%	80%	0%	0%
Plan 493	2014	HMO	80%	80%	0%	0%
Plan 494	2013	HMO	100%	100%	0%	0%
Plan 494	2014	HMO	100%	100%	0%	0%
Plan 495	2013	HMO	100%	100%	0%	0%
Plan 495	2014	HMO	100%	100%	0%	0%
Plan 496	2013	HMO	100%	100%	0%	0%
Plan 496	2014	HMO	100%	100%	0%	0%
Plan 497	2013	HMO	100%	100%	0%	0%
Plan 497	2014	HMO	100%	100%	0%	0%
Plan 498	2013	HMO	80%	80%	0%	0%
Plan 498	2014	HMO	80%	80%	0%	0%
Plan 499	2013	HMO	80%	80%	0%	0%
Plan 499	2014	HMO	80%	80%	0%	0%
Plan 500	2013	HMO	90%	90%	0%	0%
Plan 500	2014	HMO	90%	90%	0%	0%
Plan 501	2013	HMO	100%	100%	0%	0%
Plan 501	2014	HMO	100%	100%	0%	0%
Plan 502	2013	HMO	100%	100%	0%	0%
Plan 502	2014	HMO	100%	100%	0%	0%
Plan 503	2013	HMO	80%	80%	0%	0%
Plan 503	2014	HMO	80%	80%	0%	0%
Plan 504	2013	HMO	80%	80%	0%	0%
Plan 504	2014	HMO	80%	80%	0%	0%
Plan 505	2013	HMO	100%	100%	0%	0%
Plan 505	2014	HMO	100%	100%	0%	0%
Plan 506	2013	HMO	100%	100%	0%	0%
Plan 506	2014	HMO	100%	100%	0%	0%
Plan 507	2013	HMO	100%	100%	0%	0%
Plan 507	2014	HMO	100%	100%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 508	2013	HMO	100%	100%	0%	0%
Plan 508	2014	HMO	100%	100%	0%	0%
Plan 509	2013	HMO	80%	80%	0%	0%
Plan 509	2014	HMO	80%	80%	0%	0%
Plan 510	2013	HMO	100%	100%	0%	0%
Plan 510	2014	HMO	100%	100%	0%	0%
Plan 511	2013	HMO	90%	90%	0%	0%
Plan 511	2014	HMO	90%	90%	0%	0%
Plan 512	2013	HMO	100%	100%	0%	0%
Plan 512	2014	HMO	100%	100%	0%	0%
Plan 513	2013	HMO	80%	80%	0%	0%
Plan 514	2013	HMO	80%	80%	0%	0%
Plan 515	2013	HMO	80%	80%	0%	0%
Plan 516	2013	HMO	80%	80%	0%	0%
Plan 517	2013	HMO	80%	80%	0%	0%
Plan 518	2013	HMO	80%	80%	0%	0%
Plan 519	2013	HMO	100%	100%	0%	0%
Plan 519	2014	HMO	100%	100%	0%	0%
Plan 520	2013	HMO	90%	90%	0%	0%
Plan 520	2014	HMO	90%	90%	0%	0%
Plan 521	2013	HMO	90%	90%	0%	0%
Plan 521	2014	HMO	90%	90%	0%	0%
Plan 522	2013	HMO	100%	100%	80%	80%
Plan 522	2014	HMO	100%	100%	80%	80%
Plan 523	2013	HMO	100%	100%	80%	80%
Plan 523	2014	HMO	100%	100%	80%	80%
Plan 524	2013	HMO	90%	90%	0%	0%
Plan 524	2014	HMO	90%	90%	0%	0%
Plan 525	2013	HMO	90%	90%	0%	0%
Plan 525	2014	HMO	90%	90%	0%	0%
Plan 526	2013	HMO	90%	90%	0%	0%
Plan 526	2014	HMO	90%	90%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 527	2013	HMO	90%	90%	0%	0%
Plan 527	2014	HMO	90%	90%	0%	0%
Plan 528	2013	HMO	80%	80%	0%	0%
Plan 528	2014	HMO	80%	80%	0%	0%
Plan 529	2013	HMO	90%	90%	0%	0%
Plan 529	2014	HMO	90%	90%	0%	0%
Plan 530	2013	HMO	90%	90%	0%	0%
Plan 530	2014	HMO	90%	90%	0%	0%
Plan 531	2013	HMO	90%	90%	0%	0%
Plan 531	2014	HMO	90%	90%	0%	0%
Plan 532	2013	HMO	90%	90%	0%	0%
Plan 532	2014	HMO	90%	90%	0%	0%
Plan 533	2013	HMO	90%	90%	0%	0%
Plan 533	2014	HMO	90%	90%	0%	0%
Plan 534	2013	HMO	90%	90%	0%	0%
Plan 534	2014	HMO	90%	90%	0%	0%
Plan 535	2013	HMO	90%	90%	0%	0%
Plan 535	2014	HMO	90%	90%	0%	0%
Plan 536	2013	HMO	90%	90%	0%	0%
Plan 536	2014	HMO	90%	90%	0%	0%
Plan 537	2013	HMO	90%	90%	0%	0%
Plan 538	2013	HMO	90%	90%	0%	0%
Plan 539	2013	HMO	90%	90%	0%	0%
Plan 540	2013	HMO	90%	90%	0%	0%
Plan 541	2013	HMO	90%	90%	0%	0%
Plan 542	2013	HMO	90%	90%	0%	0%
Plan 543	2013	HMO	90%	90%	0%	0%
Plan 544	2013	HMO	90%	90%	0%	0%
Plan 545	2013	HMO	90%	90%	0%	0%
Plan 546	2013	HMO	90%	90%	0%	0%
Plan 547	2013	HMO	90%	90%	0%	0%
Plan 548	2013	HMO	90%	90%	0%	0%

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Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 549	2013	HMO	90%	90%	0%	0%
Plan 550	2013	HMO	90%	90%	0%	0%
Plan 551	2013	HMO	90%	90%	0%	0%
Plan 552	2013	HMO	90%	90%	0%	0%
Plan 553	2013	HMO	100%	100%	0%	0%
Plan 553	2014	HMO	100%	100%	0%	0%
Plan 554	2013	HMO	80%	80%	0%	0%
Plan 554	2014	HMO	80%	80%	0%	0%
Plan 555	2013	HMO	100%	100%	0%	0%
Plan 556	2013	HMO	100%	100%	0%	0%
Plan 557	2013	HMO	80%	80%	0%	0%
Plan 558	2013	HMO	80%	80%	0%	0%
Plan 559	2013	HMO	100%	100%	0%	0%
Plan 559	2014	HMO	100%	100%	0%	0%
Plan 560	2013	HMO	80%	80%	0%	0%
Plan 560	2014	HMO	80%	80%	0%	0%
Plan 561	2013	HMO	100%	100%	0%	0%
Plan 561	2014	HMO	100%	100%	0%	0%
Plan 562	2013	HMO	100%	100%	0%	0%
Plan 562	2014	HMO	100%	100%	0%	0%
Plan 563	2013	HMO	100%	100%	0%	0%
Plan 563	2014	HMO	100%	100%	0%	0%
Plan 564	2013	HMO	100%	100%	0%	0%
Plan 564	2014	HMO	100%	100%	0%	0%
Plan 565	2013	HMO	100%	100%	0%	0%
Plan 565	2014	HMO	100%	100%	0%	0%
Plan 566	2013	HMO	100%	100%	0%	0%
Plan 566	2014	HMO	100%	100%	0%	0%
Plan 567	2013	HMO	100%	100%	0%	0%
Plan 567	2014	HMO	100%	100%	0%	0%
Plan 568	2013	HMO	100%	100%	0%	0%
Plan 568	2014	HMO	100%	100%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 569	2013	HMO	100%	100%	0%	0%
Plan 569	2014	HMO	100%	100%	0%	0%
Plan 570	2013	HMO	100%	100%	0%	0%
Plan 570	2014	HMO	100%	100%	0%	0%
Plan 571	2013	HMO	100%	100%	0%	0%
Plan 571	2014	HMO	100%	100%	0%	0%
Plan 572	2013	HMO	100%	100%	0%	0%
Plan 572	2014	HMO	100%	100%	0%	0%
Plan 573	2013	HMO	100%	100%	0%	0%
Plan 573	2014	HMO	100%	100%	0%	0%
Plan 574	2013	HMO	100%	100%	0%	0%
Plan 574	2014	HMO	100%	100%	0%	0%
Plan 575	2013	HMO	100%	100%	0%	0%
Plan 575	2014	HMO	100%	100%	0%	0%
Plan 576	2013	HMO	80%	80%	0%	0%
Plan 576	2014	HMO	80%	80%	0%	0%
Plan 577	2013	HMO	80%	80%	0%	0%
Plan 578	2013	HMO	80%	80%	0%	0%
Plan 579	2013	HMO	100%	100%	0%	0%
Plan 579	2014	HMO	100%	100%	0%	0%
Plan 580	2013	HMO	100%	100%	0%	0%
Plan 580	2014	HMO	100%	100%	0%	0%
Plan 581	2013	HMO	100%	100%	0%	0%
Plan 581	2014	HMO	100%	100%	0%	0%
Plan 582	2013	HMO	100%	100%	0%	0%
Plan 582	2014	HMO	100%	100%	0%	0%
Plan 583	2013	HMO	100%	100%	0%	0%
Plan 583	2014	HMO	100%	100%	0%	0%
Plan 584	2013	HMO	100%	100%	0%	0%
Plan 584	2014	HMO	100%	100%	0%	0%
Plan 585	2013	HMO	100%	100%	0%	0%
Plan 585	2014	HMO	100%	100%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 586	2013	HMO	100%	100%	0%	0%
Plan 586	2014	HMO	100%	100%	0%	0%
Plan 587	2013	HMO	100%	100%	0%	0%
Plan 587	2014	HMO	100%	100%	0%	0%
Plan 588	2013	HMO	100%	100%	0%	0%
Plan 588	2014	HMO	100%	100%	0%	0%
Plan 589	2013	HMO	100%	100%	0%	0%
Plan 589	2014	HMO	100%	100%	0%	0%
Plan 590	2013	HMO	80%	80%	0%	0%
Plan 591	2013	HMO	100%	100%	0%	0%
Plan 591	2014	HMO	100%	100%	0%	0%
Plan 592	2013	HMO	100%	100%	0%	0%
Plan 592	2014	HMO	100%	100%	0%	0%
Plan 593	2013	HMO	100%	100%	0%	0%
Plan 593	2014	HMO	100%	100%	0%	0%
Plan 594	2013	HMO	80%	80%	0%	0%
Plan 594	2014	HMO	80%	80%	0%	0%
Plan 595	2013	HMO	100%	100%	0%	0%
Plan 595	2014	HMO	100%	100%	0%	0%
Plan 596	2013	HMO	100%	100%	0%	0%
Plan 596	2014	HMO	100%	100%	0%	0%
Plan 597	2013	HMO	100%	100%	0%	0%
Plan 597	2014	HMO	100%	100%	0%	0%
Plan 598	2013	HMO	100%	100%	0%	0%
Plan 598	2014	HMO	100%	100%	0%	0%
Plan 599	2013	HMO	80%	80%	0%	0%
Plan 599	2014	HMO	80%	80%	0%	0%
Plan 600	2013	HMO	80%	80%	0%	0%
Plan 600	2014	HMO	80%	80%	0%	0%
Plan 601	2013	HMO	80%	80%	0%	0%
Plan 601	2014	HMO	80%	80%	0%	0%
Plan 602	2013	HMO	80%	80%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 602	2014	HMO	80%	80%	0%	0%
Plan 603	2013	HMO	80%	80%	0%	0%
Plan 603	2014	HMO	80%	80%	0%	0%
Plan 604	2013	HMO	80%	80%	0%	0%
Plan 604	2014	HMO	80%	80%	0%	0%
Plan 605	2013	HMO	80%	80%	0%	0%
Plan 605	2014	HMO	80%	80%	0%	0%
Plan 606	2013	HMO	100%	100%	0%	0%
Plan 606	2014	HMO	100%	100%	0%	0%
Plan 607	2013	HMO	100%	100%	0%	0%
Plan 607	2014	HMO	100%	100%	0%	0%
Plan 608	2013	HMO	100%	100%	0%	0%
Plan 608	2014	HMO	100%	100%	0%	0%
Plan 609	2013	HMO	100%	100%	0%	0%
Plan 609	2014	HMO	100%	100%	0%	0%
Plan 610	2013	HMO	100%	100%	0%	0%
Plan 610	2014	HMO	100%	100%	0%	0%
Plan 611	2013	HMO	100%	100%	0%	0%
Plan 611	2014	HMO	100%	100%	0%	0%
Plan 612	2013	HMO	100%	100%	0%	0%
Plan 612	2014	HMO	100%	100%	0%	0%
Plan 613	2013	HMO	80%	80%	0%	0%
Plan 613	2014	HMO	80%	80%	0%	0%
Plan 614	2013	HMO	80%	80%	0%	0%
Plan 614	2014	HMO	80%	80%	0%	0%
Plan 615	2013	HMO	80%	80%	0%	0%
Plan 615	2014	HMO	80%	80%	0%	0%
Plan 616	2013	HMO	80%	80%	0%	0%
Plan 616	2014	HMO	80%	80%	0%	0%
Plan 617	2013	HMO	100%	100%	0%	0%
Plan 617	2014	HMO	100%	100%	0%	0%
Plan 618	2013	HMO	80%	80%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 618	2014	HMO	80%	80%	0%	0%
Plan 619	2013	HMO	80%	80%	0%	0%
Plan 619	2014	HMO	80%	80%	0%	0%
Plan 620	2013	HMO	100%	100%	0%	0%
Plan 620	2014	HMO	100%	100%	0%	0%
Plan 621	2013	HMO	100%	100%	0%	0%
Plan 621	2014	HMO	100%	100%	0%	0%
Plan 622	2013	HMO	100%	100%	0%	0%
Plan 622	2014	HMO	100%	100%	0%	0%
Plan 623	2013	HMO	100%	100%	0%	0%
Plan 623	2014	HMO	100%	100%	0%	0%
Plan 624	2013	HMO	80%	80%	0%	0%
Plan 624	2014	HMO	80%	80%	0%	0%
Plan 625	2013	HMO	80%	80%	0%	0%
Plan 625	2014	HMO	80%	80%	0%	0%
Plan 626	2013	HMO	80%	80%	0%	0%
Plan 626	2014	HMO	80%	80%	0%	0%
Plan 627	2013	HMO	100%	100%	0%	0%
Plan 628	2013	HMO	80%	80%	0%	0%
Plan 628	2014	HMO	80%	80%	0%	0%
Plan 629	2013	HMO	100%	100%	0%	0%
Plan 629	2014	HMO	100%	100%	0%	0%
Plan 630	2013	HMO	80%	80%	0%	0%
Plan 630	2014	HMO	80%	80%	0%	0%
Plan 631	2013	HMO	80%	80%	0%	0%
Plan 631	2014	HMO	80%	80%	0%	0%
Plan 632	2013	HMO	80%	80%	0%	0%
Plan 632	2014	HMO	80%	80%	0%	0%
Plan 633	2013	HMO	80%	80%	0%	0%
Plan 633	2014	HMO	80%	80%	0%	0%
Plan 634	2013	HMO	100%	100%	0%	0%
Plan 635	2013	HMO	100%	100%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 636	2013	HMO	80%	80%	0%	0%
Plan 637	2013	HMO	100%	100%	0%	0%
Plan 638	2013	HMO	80%	80%	0%	0%
Plan 639	2013	HMO	80%	80%	0%	0%
Plan 640	2013	HMO	100%	100%	0%	0%
Plan 641	2013	HMO	80%	80%	0%	0%
Plan 642	2013	HMO	100%	100%	0%	0%
Plan 643	2013	HMO	80%	80%	0%	0%
Plan 644	2013	HMO	100%	100%	0%	0%
Plan 645	2013	HMO	80%	80%	0%	0%
Plan 646	2013	HMO	100%	100%	0%	0%
Plan 647	2013	HMO	80%	80%	0%	0%
Plan 648	2013	HMO	80%	80%	0%	0%
Plan 649	2013	HMO	80%	80%	0%	0%
Plan 649	2014	HMO	80%	80%	0%	0%
Plan 650	2013	HMO	80%	80%	0%	0%
Plan 650	2014	HMO	80%	80%	0%	0%
Plan 651	2013	HMO	80%	80%	0%	0%
Plan 651	2014	HMO	80%	80%	0%	0%
Plan 652	2013	HMO	80%	80%	0%	0%
Plan 652	2014	HMO	80%	80%	0%	0%
Plan 653	2013	HMO	80%	80%	0%	0%
Plan 653	2014	HMO	80%	80%	0%	0%
Plan 654	2013	HMO	80%	80%	0%	0%
Plan 654	2014	HMO	80%	80%	0%	0%
Plan 655	2013	HMO	100%	100%	0%	0%
Plan 655	2014	HMO	100%	100%	0%	0%
Plan 656	2013	HMO	100%	100%	0%	0%
Plan 656	2014	HMO	100%	100%	0%	0%
Plan 657	2013	HMO	100%	100%	0%	0%
Plan 657	2014	HMO	100%	100%	0%	0%
Plan 658	2013	HMO	90%	90%	0%	0%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 658	2014	HMO	90%	90%	0%	0%
Plan 659	2013	HMO	80%	80%	0%	0%
Plan 659	2014	HMO	80%	80%	0%	0%
Plan 660	2013	HMO	100%	100%	0%	0%
Plan 660	2014	HMO	100%	100%	0%	0%
Plan 661	2013	HMO	100%	100%	0%	0%
Plan 661	2014	HMO	100%	100%	0%	0%
Plan 662	2013	HMO	80%	80%	0%	0%
Plan 662	2014	HMO	80%	80%	0%	0%
Plan 663	2013	HMO	100%	100%	0%	0%
Plan 663	2014	HMO	100%	100%	0%	0%
Plan 664	2013	HMO	100%	100%	0%	0%
Plan 664	2014	HMO	100%	100%	0%	0%
Plan 665	2013	HMO	100%	100%	0%	0%
Plan 665	2014	HMO	100%	100%	0%	0%
Plan 666	2013	HMO	100%	100%	0%	0%
Plan 666	2014	HMO	100%	100%	0%	0%
Plan 667	2013	HMO	100%	100%	0%	0%
Plan 667	2014	HMO	100%	100%	0%	0%
Plan 668	2013	PPO	90%	90%	80%	80%
Plan 668	2014	PPO	90%	90%	80%	80%
Plan 669	2013	PPO	80%	80%	0%	0%
Plan 669	2014	PPO	80%	80%	0%	0%
Plan 670	2013	PPO	100%	100%	80%	80%
Plan 670	2014	PPO	100%	100%	80%	80%
Plan 671	2013	PPO	100%	100%	0%	0%
Plan 671	2014	PPO	100%	100%	0%	0%
Plan 672	2013	PPO	80%	80%	80%	80%
Plan 672	2014	PPO	80%	80%	80%	80%
Plan 673	2013	PPO	100%	100%	80%	80%
Plan 673	2014	PPO	100%	100%	80%	80%
Plan 674	2013	PPO	100%	100%	80%	80%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 674	2014	PPO	100%	100%	80%	80%
Plan 675	2013	PPO	90%	90%	70%	70%
Plan 676	2013	PPO	90%	90%	70%	70%
Plan 677	2013	PPO	80%	80%	60%	60%
Plan 678	2013	PPO	80%	80%	60%	60%
Plan 679	2013	PPO	80%	80%	60%	60%
Plan 680	2013	PPO	80%	80%	60%	60%
Plan 681	2013	PPO	80%	80%	60%	60%
Plan 682	2013	PPO	80%	80%	60%	60%
Plan 683	2013	PPO	80%	80%	60%	60%
Plan 684	2013	PPO	80%	80%	60%	60%
Plan 685	2013	PPO	90%	90%	70%	70%
Plan 685	2014	PPO	90%	90%	70%	70%
Plan 686	2013	PPO	100%	100%	70%	70%
Plan 686	2014	PPO	100%	100%	70%	70%
Plan 687	2013	PPO	80%	80%	60%	60%
Plan 687	2014	PPO	80%	80%	60%	60%
Plan 688	2013	PPO	90%	90%	70%	70%
Plan 688	2014	PPO	90%	90%	70%	70%
Plan 689	2013	PPO	100%	100%	70%	70%
Plan 689	2014	PPO	100%	100%	70%	70%
Plan 690	2013	PPO	100%	100%	70%	70%
Plan 691	2013	PPO	100%	100%	70%	70%
Plan 692	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 693	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 694	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 695	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 696	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 697	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 698	2014	HMO	0%	0%	Not Covered	Not Covered
Plan 699	2014	PPO	0%	20%	40%	40%
Plan 700	2014	PPO	0%	20%	40%	40%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 701	2014	PPO	0%	20%	40%	40%
Plan 702	2014	PPO	0%	20%	40%	40%
Plan 703	2014	PPO	0%	20%	40%	40%
Plan 704	2013	HMO	0%	15%	Not Covered	Not Covered
Plan 705	2014	PPO	0%	30%	Not Covered	50%
Plan 706	2013	PPO	0%	20%	Not Covered	50%
Plan 706	2014	PPO	0%	20%	Not Covered	50%
Plan 707	2013	PPO	0%	20%	Not Covered	50%
Plan 707	2014	PPO	0%	20%	Not Covered	50%
Plan 708	2014	PPO	0%	20%	20%	40%
Plan 709	2014	PPO	0%	20%	20%	40%
Plan 710	2014	PPO	0%	10%	Not Covered	30%
Plan 711	2013	PPO	0%	20%	40%	40%
Plan 711	2014	PPO	0%	20%	40%	40%
Plan 712	2013	PPO	100%	80%	60%	60%
Plan 712	2014	PPO	100%	80%	60%	60%
Plan 713	2014	PPO	100%	80%	60%	60%
Plan 714	2013	PPO	100%	90%	100%	60%
Plan 715	2013	PPO	100%	80%	100%	50%
Plan 716	2013	PPO	0%	0%	0%	0%
Plan 717	2013	PPO	100%	80%	100%	60%
Plan 718	2014	PPO	100%	80%	100%	60%
Plan 719	2014	PPO	100%	80%	100%	60%
Plan 720	2014	PPO	100%	70%	100%	70%
Plan 721	2014	PPO	100%	70%	100%	70%
Plan 722	2014	PPO	100%	90%	100%	70%
Plan 723	2014	PPO	100%	90%	100%	70%
Plan 724	2014	PPO	100%	90%	100%	60%
Plan 725	2014	PPO	100%	90%	100%	60%
Plan 726	2014	PPO	100%	80%	60%	60%
Plan 727	2014	PPO	100%	80%	60%	60%
Plan 728	2014	PPO	100%	80%	60%	60%

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			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 729	2014	TRAD	100%	80%	80%	80%
Plan 730	2014	PPO	100%	90%	100%	70%
Plan 731	2014	PPO	100%	80%	60%	60%
Plan 732	2014	TRAD	100%	70%	70%	70%
Plan 733	2014	PPO	100%	80%	100%	60%
Plan 734	2014	PPO	100%	80%	60%	60%
Plan 735	2014	PPO	100%	90%	70%	70%
Plan 736	2014	PPO	100%	80%	60%	60%
Plan 737	2014	PPO	100%	80%	60%	60%
Plan 738	2014	TRAD	100%	80%	80%	80%
Plan 739	2014	TRAD	100%	70%	70%	70%
Plan 740	2014	PPO	100%	80%	60%	60%
Plan 741	2014	TRAD	100%	80%	100%	80%
Plan 742	2014	TRAD	100%	80%	100%	80%
Plan 743	2014	PPO	100%	80%	100%	60%
Plan 744	2013	PPO	100%	90%	70%	70%
Plan 744	2014	PPO	100%	90%	70%	70%
Plan 745	2013	PPO	100%	80%	60%	60%
Plan 745	2014	PPO	100%	80%	60%	60%
Plan 746	2013	PPO	100%	90%	70%	70%
Plan 746	2014	PPO	100%	90%	70%	70%
Plan 747	2013	PPO	100%	80%	60%	60%
Plan 747	2014	PPO	100%	80%	60%	60%
Plan 748	2013	PPO	100%	90%	100%	70%
Plan 749	2013	PPO	100%	80%	80%	80%
Plan 750	2013	PPO	100%	80%	100%	60%
Plan 751	2013	PPO	100%	90%	100%	60%
Plan 752	2013	PPO	0%	0%	0%	0%
Plan 753	2014	PPO	100%	80%	100%	80%
Plan 754	2014	PPO	100%	80%	100%	60%
Plan 755	2014	PPO	100%	80%	80%	80%
Plan 756	2014	PPO	100%	90%	100%	70%

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5d
Health Plan Design Comparison — Coinsurance (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Coinsurance			
			In-Network		Out-of-Network	
			Preventive Services	All Other Services	Preventive Services	All Other Services
Plan 757	2014	PPO	100%	80%	100%	60%
Plan 758	2014	PPO	100%	80%	60%	60%
Plan 759	2014	PPO	100%	90%	70%	70%
Plan 760	2014	PPO	100%	80%	60%	60%
Plan 761	2013	PPO	100%	80%	100%	80%
Plan 761	2014	PPO	100%	80%	100%	80%
Plan 762	2013	PPO	100%	80%	60%	60%
Plan 762	2014	PPO	100%	80%	60%	60%
Plan 763	2013	PPO	100%	70%	100%	70%
Plan 763	2014	PPO	100%	70%	100%	70%
Plan 764	2013	PPO	100%	80%	100%	60%
Plan 764	2014	PPO	100%	80%	100%	60%
Plan 765	2013	PPO	100%	80%	100%	60%
Plan 766	2013	PPO	0%	20%	100%	40%
Plan 767	2013	PPO	0%	20%	100%	20%
Plan 768	2014	PPO	0%	20%	100%	50%
Plan 769	2014	PPO	0%	20%	100%	40%
Plan 770	2014	PPO	0%	20%	100%	40%
Plan 771	2014	PPO	0%	10%	100%	30%
Plan 772	2014	PPO	0%	20%	100%	50%
Plan 773	2014	PPO	0%	20%	100%	50%
Plan 774	2014	PPO	0%	20%	20%	40%
Plan 775	2014	PPO	0%	20%	20%	40%
Plan 776	2014	PPO	0%	20%	100%	50%
Plan 777	2014	PPO	0%	25%	100%	50%
Plan 778	2014	PPO	0%	35%	100%	50%
Plan 779	2014	PPO	0%	20%	100%	50%
Plan 780	2014	PPO	0%	20%	100%	50%

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5e
Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 238	2013	PPO	$15	$0	$0	$75	$30	30%	30%	$75
Plan 245	2013	PPO	$30	25%	25%	$150	$50	50%	50%	$150
Plan 268	2013	PPO	20%	20%	20%	20%	$40	40%	40%	20%
Plan 269	2013	PPO	$20	$20	$20	$20	$40	$40	$40	$40
Plan 269	2014	PPO	$20	$20	$20	$20	$40	$40	$40	$40
Plan 270	2013	PPO	$30	$25	$25	$25	$50	$50	$50	$25
Plan 270	2014	PPO	$30	$25	$25	$25	$50	$50	$50	$25
Plan 271	2013	PPO	$20	$10	$10	$250	$20	$20	$20	$250
Plan 271	2014	PPO	$20	$10	$10	$250	$20	$20	$20	$250
Plan 272	2013	PPO	$25	$30	$30	$250	$50	$50	$50	$250
Plan 272	2014	PPO	$25	$30	$30	$250	$50	$50	$50	$250
Plan 273	2013	HMO	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 273	2014	HMO	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 274	2013	HMO	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 275	2013	HMO	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 275	2014	HMO	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 276	2013	HMO	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 276	2014	HMO	$15	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 277	2013	HMO	$20	$0	$0	$0	Not	Not Covered	Not Covered	$0
Plan 278	2013	PPO	$15	$0	$0	$100	$50	$0	$0	$100
Plan 278	2014	PPO	$15	$0	$0	$100	$50	$0	$0	$100
Plan 279	2013	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 279	2014	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 280	2013	PPO	$35	$0	$0	$200	$50	$0	$0	$200
Plan 280	2014	PPO	$35	$0	$0	$200	$50	$0	$0	$200
Plan 281	2013	Closed Network	$10	$10	$10	$125	Not	Not Covered	Not Covered	Not Covered
Plan 281	2014	Closed Network	$10	$10	$10	$125	Not	Not Covered	Not Covered	Not Covered
Plan 282	2013	Closed Network	$15	$30	$30	$250	Not	Not Covered	Not Covered	Not Covered
Plan 282	2014	Closed Network	$15	$30	$30	$250	Not	Not Covered	Not Covered	Not Covered
Plan 283	2013	Closed Network	$15	$20	$20	$125	Not	Not Covered	Not Covered	Not Covered
Plan 283	2013	Closed Network	$15	$20	$20	$125	Not	Not Covered	Not Covered	Not Covered
Plan 283	2014	Closed Network	$15	$20	$20	$125	Not	Not Covered	Not Covered	Not Covered
Plan 285	2013	Closed Network	$30	$30	$30	$250	Not	Not Covered	Not Covered	Not Covered
Plan 285	2013	Closed Network	$30	$30	$30	$250	Not	Not Covered	Not Covered	Not Covered
Plan 285	2014	Closed Network	$50	$30	$30	$250	Not	Not Covered	Not Covered	Not Covered
Plan 286	2013	HMO	$15	150 max 5 copays	$15	$250	Not	Not Covered	Not Covered	$250
Plan 287	2013	HMO	$20	200 max 5 copays	$20	$300	Not	Not Covered	Not Covered	$300
Plan 288	2013	HMO	$15	10% Coinsurance	$71	$127	Not	Not Covered	Not Covered	$127
Plan 289	2013	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 289	2014	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 292	2013	HMO	$10	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 293	2013	HMO	$10	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 294	2013	HMO	$10	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 298	2013	HMO	$10	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 300	2013	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 301	2013	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 301	2014	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 302	2013	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 302	2014	HMO	$15	$0	$15	$75	Not	Not Covered	Not Covered	$75
Plan 303	2013	HMO	$15	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 304	2013	HMO	$15	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 305	2013	HMO	$15	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 306	2013	HMO	$15	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 308	2013	HMO	$15	$50 per day	$20	$75	Not	Not Covered	Not Covered	$75

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5e
Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 308	2014	HMO	$15	$50 per day	$20	$75	Not	Not Covered	Not Covered	$75
Plan 310	2013	HMO	$20	$0	$20	$75	Not	Not Covered	Not Covered	$75
Plan 311	2013	HMO	$20	$100 per day	$50	$100	Not	Not Covered	Not Covered	$100
Plan 315	2013	PPO	$15	$0	$0	$0	$50	$0	$0	$0
Plan 315	2014	PPO	$15	$0	$0	$0	$50	$0	$0	$0
Plan 316	2013	PPO	$0	$0	$0	$0	$50	$0	$0	$0
Plan 317	2013	PPO	$0	$0	$0	$100	$40	$0	$0	$100
Plan 318	2013	PPO	$15	$0	$0	$0	$50	$0	$0	$0
Plan 318	2014	PPO	$15	$0	$0	$0	$50	$0	$0	$0
Plan 319	2013	PPO	$20	$0	$0	$0	$50	$0	$0	$0
Plan 320	2013	PPO	$30	$0	$0	$0	$50	$0	$0	$0
Plan 320	2014	PPO	$30	$0	$0	$0	$50	$0	$0	$0
Plan 321	2013	PPO	$20	$0	$0	$0	$50	$0	$0	$0
Plan 322	2013	PPO	$30	$0	$0	$0	$50	$0	$0	$0
Plan 322	2014	PPO	$30	$0	$0	$0	$50	$0	$0	$0
Plan 324	2013	PPO	$20	$150/day Max 3 copays/contract yr	$0	$75	$40	$150/day Max 3 copays/contract yr	$0	$75
Plan 324	2014	PPO	$20	$150/day Max 3 copays/contract yr	$0	$75	$40	$150/day Max 3 copays/contract yr	$0	$75
Plan 325	2013	PPO	$30	$350/day Max 5 copays/admit	$150	$150	$40	$350/day Max 5 copays/admit	$150	$150
Plan 325	2014	PPO	$30	$350/day Max 5 copays/admit	$150	$150	$40	$350/day Max 5 copays/admit	$150	$150
Plan 326	2013	PPO	$15	$100/day Max 3 copays/contract yr	$0	$75	$20	$100/day Max 3 copays/contract yr	$0	$75
Plan 326	2014	PPO	$15	$100/day Max 3 copays/contract yr	$0	$75	$40	$100/day Max 3 copays/contract yr	$0	$75
Plan 327	2013	PPO	$25	$0	$0	$150	$50	$0	$0	$150
Plan 327	2014	PPO	$25	$0	$0	$150	$50	$0	$0	$150
Plan 328	2013	PPO	$20	$200/day Max 5 copays/contract yr	$0	$75	$40	$200/day Max 5 copays/contract yr	$0	$75
Plan 332	2013	PPO	$25	$300/day Max 5 copays/admit	$300	$150	$40	$300/day Max 5 copays/admit	$300	$150
Plan 332	2014	PPO	$25	$300/day Max 5 copays/admit	$300	$150	$40	$300/day Max 5 copays/admit	$300	$150
Plan 334	2013	PPO	$30	$350/day Max 5 copays/admit	$350	$150	$40	$350/day Max 5 copays/admit	$350	$150
Plan 334	2014	PPO	$30	$350/day Max 5 copays/admit	$350	$150	$40	$350/day Max 5 copays/admit	$350	$150
Plan 335	2013	PPO	$35	$400/day Max 5 copays/admit	$400	$150	$40	$400/day Max 5 copays/admit	$400	$150
Plan 335	2014	PPO	$35	$400/day Max 5 copays/admit	$400	$150	$40	$400/day Max 5 copays/admit	$400	$150
Plan 336	2013	PPO	$20	$200 copay per admit	$200	$150	$40	$200 copay per admit	$200	$150
Plan 336	2014	PPO	$20	$200 copay per admit	$200	$150	$40	$200 copay per admit	$200	$150
Plan 337	2013	PPO	$20	$200 copay per admit	$200	$150	$40	$200 copay per admit	$200	$150
Plan 337	2014	PPO	$20	$200 copay per admit	$200	$150	$40	$200 copay per admit	$200	$150
Plan 338	2013	PPO	$25	$300 copay per admit	$300	$150	$40	$300 copay per admit	$300	$150
Plan 338	2014	PPO	$25	$300 copay per admit	$300	$150	$40	$300 copay per admit	$300	$150
Plan 339	2013	PPO	$25	$300 copay per admit	$300	$150	$40	$300 copay per admit	$300	$150
Plan 339	2014	PPO	$25	$300 copay per admit	$300	$150	$40	$300 copay per admit	$300	$150
Plan 340	2013	PPO	$30	$350 copay per admit	$350	$150	$40	$350 copay per admit	$350	$150
Plan 340	2014	PPO	$30	$350 copay per admit	$350	$150	$40	$350 copay per admit	$350	$150
Plan 341	2013	PPO	$30	$350 copay per admit	$350	$150	$40	$350 copay per admit	$350	$150
Plan 341	2014	PPO	$30	$350 copay per admit	$350	$150	$40	$350 copay per admit	$350	$150
Plan 342	2013	PPO	$30	$400 copay per admit	$400	$150	$40	$400 copay per admit	$400	$150
Plan 342	2014	PPO	$30	$400 copay per admit	$400	$150	$40	$400 copay per admit	$400	$150
Plan 343	2013	PPO	$30	$400 copay per admit	$400	$150	$40	$400 copay per admit	$400	$150
Plan 343	2014	PPO	$30	$400 copay per admit	$400	$150	$40	$400 copay per admit	$400	$150
Plan 344	2013	PPO	$25	$200/day Max 5 copays/admit	$200	$100	$40	$200/day Max 5 copays/admit	$200	$100
Plan 344	2014	PPO	$25	$200/day Max 5 copays/admit	$200	$100	$40	$200/day Max 5 copays/admit	$200	$100
Plan 345	2013	PPO	$25	$300/day Max 3 copays/admit	$150	$100	$50	$300/day Max 3 copays/admit	$150	$100
Plan 345	2014	PPO	$25	$300/day Max 3 copays/admit	$150	$100	$50	$300/day Max 3 copays/admit	$150	$100
Plan 346	2013	PPO	$19	15% Coinsurance	$78	$186	$40	40% Coinsurance	$208	$186
Plan 347	2013	PPO	$19	$200, max 3 copays/year	$85	$191	$40	40% Coinsurance	$228	$191
Plan 348	2013	PPO	$20	100 per day, 300 max PCY, combined IN and OON	$50	$75	$30	Included In-Network	$50	$75
Plan 349	2013	PPO	$25	150 per day, 450 max PCY, combined IN and OON	$100	$75	$40	Included In-Network	$100	$75

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5e
Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 350	2013	PPO	$30	300 per day, 900 max PCY, combined IN and OON	$150	$100	$40	Included In-Network	$150	$100
Plan 351	2013	PPO	$15	200 per admit, 600 max PCY, combined IN and OON	$0	$50	$30	$0	$0	$50
Plan 352	2013	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 352	2014	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 353	2013	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 354	2013	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 355	2013	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 355	2014	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 356	2013	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 356	2014	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 357	2013	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 358	2013	PPO	$20	$0	$20	$75	$70	$0	$35	$75
Plan 359	2013	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 360	2013	PPO	$20	$0	$20	$75	$70	$0	$35	$75
Plan 361	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 362	2013	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 362	2014	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 363	2013	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 363	2014	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 364	2013	PPO	$20	$0	$0	$75	$60	$0	$0	$75
Plan 365	2013	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 366	2013	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 367	2013	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 367	2014	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 368	2013	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 368	2014	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 369	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 370	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 370	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 374	2013	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 378	2013	PPO	$20	$0	$20	$125	$70	$0	$35	$125
Plan 380	2013	TRAD	$0	$0	$0	$125	$80	$0	$0	$125
Plan 381	2013	PPO	$20	$0	$20	$125	$60	$0	$35	$125
Plan 383	2013	PPO	$25	$0	$25	$75	$70	$0	$25	$75
Plan 384	2013	PPO	$25	$0	$25	$75	$70	$0	$25	$75
Plan 385	2013	PPO	$25	$0	$25	$75	$60	$0	$25	$75
Plan 386	2013	PPO	$25	$0	$25	$75	$60	$0	$25	$75
Plan 391	2013	PPO	$20	$200	$0	$100	$60	$200	$0	$100
Plan 392	2013	PPO	$20	$0	$0	$100	$50	$0	$0	$100
Plan 393	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 397	2013	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 398	2013	TRAD	$0	$0	$0	$100	$80	$0	$0	$100
Plan 399	2013	TRAD	$0	$0	$0	$100	$80	$0	$0	$100
Plan 400	2013	PPO	$20	$0	$20	$100	$60	$0	$20	$100
Plan 401	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 401	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 402	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 403	2013	PPO	$20	$0	$20	$125	$60	$0	$35	$125
Plan 404	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 405	2013	PPO	$0	$0	$0	$75	$70	$0	$0	$75
Plan 406	2013	PPO	$0	$0	$0	$75	$70	$0	$0	$75
Plan 407	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 408	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 409	2014	PPO	$0	$0	$0	$0	$50	$0	$0	$0

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Exhibit A5e
Health Plan Design Comparison — Co-Payments (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 410	2014	PPO	$30	$0	$0	$150	$50	$0	$0	$150
Plan 411	2014	PPO	$15	$0	$0	$75	$70	$0	$0	$75
Plan 412	2014	PPO	$25	$150	$0	$75	$60	$0	$0	$75
Plan 413	2014	PPO	$30	$300	$0	$75	$60	$0	$0	$75
Plan 414	2013	PPO	$25	$200	$0	$150	$70	$200	$0	$150
Plan 414	2014	PPO	$25	$200	$0	$150	$70	$200	$0	$150
Plan 415	2013	PPO	$30	$300	$0	$200	$60	$300	$0	$200
Plan 415	2014	PPO	$30	$300	$0	$200	$60	$300	$0	$200
Plan 416	2013	PPO	$25	$0	$0	$200	$60	$0	$0	$200
Plan 416	2014	PPO	$25	$0	$0	$200	$60	$0	$0	$200
Plan 417	2013	PPO	$0	$0	$0	$0	$70	$0	$0	$0
Plan 417	2014	PPO	$0	$0	$0	$0	$70	$0	$0	$0
Plan 418	2013	HMO	$25	$100/Per admit	$50	$75	$0	$0	$0	$0
Plan 418	2014	HMO	$25	$100/Per admit	$50	$75	$0	$0	$0	$0
Plan 419	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 419	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 420	2013	HMO	$20	$200/Per admit	$20	$100	$0	$0	$0	$0
Plan 420	2014	HMO	$20	$200/Per admit	$20	$100	$0	$0	$0	$0
Plan 421	2013	HMO	$20	$100/Per admit	$20	$100	$0	$0	$0	$0
Plan 421	2014	HMO	$20	$100/Per admit	$20	$100	$0	$0	$0	$0
Plan 422	2013	HMO	$25	$100/3 days/admit	$25	$75	$0	$0	$0	$0
Plan 422	2014	HMO	$25	$100/3 days/admit	$25	$75	$0	$0	$0	$0
Plan 423	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 423	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 424	2013	HMO	$25	$100/3 days/admit	$100	$150	$0	$0	$0	$0
Plan 424	2014	HMO	$25	$100/3 days/admit	$100	$150	$0	$0	$0	$0
Plan 425	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 425	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 426	2013	HMO	$20	$200/Per Admit	$50	$150	$0	$0	$0	$0
Plan 426	2014	HMO	$20	$200/Per Admit	$50	$150	$0	$0	$0	$0
Plan 427	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 427	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 428	2013	HMO	$25	$0	$100	$150	$0	$0	$0	$0
Plan 428	2014	HMO	$25	$0	$100	$150	$0	$0	$0	$0
Plan 429	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 430	2013	HMO	$25	$100/3 days/admit	$100	$150	$0	$0	$0	$0
Plan 430	2014	HMO	$25	$100/3 days/admit	$100	$150	$0	$0	$0	$0
Plan 431	2013	HMO	$30	$200/3 days/admit	$200	$200	$0	$0	$0	$0
Plan 431	2014	HMO	$30	$200/3 days/admit	$200	$200	$0	$0	$0	$0
Plan 432	2013	HMO	$20	$200/Per admit	$20	$100	$0	$0	$0	$0
Plan 432	2014	HMO	$20	$200/Per admit	$20	$100	$0	$0	$0	$0
Plan 433	2013	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 433	2014	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 434	2013	HMO	$25	$100/3 days/admit	$25	$150	$0	$0	$0	$0
Plan 434	2014	HMO	$25	$100/3 days/admit	$25	$150	$0	$0	$0	$0
Plan 435	2013	HMO	$20	$200/3 days/admit	$20	$150	$0	$0	$0	$0
Plan 435	2014	HMO	$20	$200/3 days/admit	$20	$150	$0	$0	$0	$0
Plan 436	2013	HMO	$20	$200/3 days/admit	$20	$75	$0	$0	$0	$0
Plan 436	2014	HMO	$20	$200/3 days/admit	$20	$75	$0	$0	$0	$0
Plan 437	2013	HMO	$15	$100/Per admit	$15	$100	$0	$0	$0	$0
Plan 437	2014	HMO	$15	$100/Per admit	$15	$100	$0	$0	$0	$0
Plan 438	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 438	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 439	2013	HMO	$30	$0	$30	$75	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 439	2014	HMO	$30	$0	$30	$75	$0	$0	$0	$0
Plan 440	2013	HMO	$10	$0	$10	$100	$0	$0	$0	$0
Plan 440	2014	HMO	$10	$0	$10	$100	$0	$0	$0	$0
Plan 441	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 441	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 442	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 442	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 443	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 443	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 444	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 444	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 445	2013	HMO	$30	$0	$30	$75	$0	$0	$0	$0
Plan 445	2014	HMO	$30	$0	$30	$75	$0	$0	$0	$0
Plan 446	2013	HMO	$25	$100/5 days/admit	$25	$100	$0	$0	$0	$0
Plan 446	2014	HMO	$25	$100/5 days/admit	$25	$100	$0	$0	$0	$0
Plan 447	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 447	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 448	2013	HMO	$20	$100/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 448	2014	HMO	$20	$100/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 449	2013	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 449	2014	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 450	2013	HMO	$30	$500/3 days/admit	$30	$200	$0	$0	$0	$0
Plan 450	2014	HMO	$30	$500/3 days/admit	$30	$200	$0	$0	$0	$0
Plan 451	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 451	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 452	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 452	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 453	2013	HMO	$15	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 453	2014	HMO	$15	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 454	2013	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 454	2014	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 455	2013	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 455	2014	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 456	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 456	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 457	2013	HMO	$20	$300 copay/Per admit	$20	$100	$0	$0	$0	$0
Plan 458	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 458	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 459	2013	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 459	2014	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 460	2013	HMO	$25	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 460	2014	HMO	$25	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 461	2013	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 461	2014	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 462	2013	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 462	2014	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 463	2013	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 463	2014	HMO	$15	$0	$15	$100	$0	$0	$0	$0
Plan 464	2013	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 464	2014	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 465	2013	HMO	$5	$0	$5	$75	$0	$0	$0	$0
Plan 465	2014	HMO	$5	$0	$5	$75	$0	$0	$0	$0
Plan 466	2013	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 466	2014	HMO	$30	$0	$30	$100	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 467	2013	HMO	$30	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 467	2014	HMO	$30	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 468	2013	HMO	$25	$100/3 days/admit	$100	$150	$0	$0	$0	$0
Plan 468	2014	HMO	$25	$100/3 days/admit	$100	$150	$0	$0	$0	$0
Plan 469	2013	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 469	2014	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 470	2013	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 470	2014	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 471	2013	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 471	2014	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 472	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 472	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 473	2013	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 473	2014	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 474	2013	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 474	2014	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 475	2013	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 475	2014	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 476	2013	HMO	$20	$100/3 days/admit	$50	$75	$0	$0	$0	$0
Plan 476	2014	HMO	$20	$100/3 days/admit	$50	$75	$0	$0	$0	$0
Plan 477	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 477	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 478	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 478	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 479	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 479	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 480	2013	PPO	$15	$100/3 days/admit	$15	$75	80%	$100/3 days/admit	$15	$75
Plan 480	2014	PPO	$15	$100/3 days/admit	$15	$75	80%	$100/3 days/admit	$15	$75
Plan 481	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 481	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 482	2013	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 482	2014	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 483	2013	HMO	$20	$100/Per admit	$20	$75	$0	$0	$0	$0
Plan 483	2014	HMO	$20	$100/Per admit	$20	$75	$0	$0	$0	$0
Plan 484	2013	HMO	$20	$100/3 days/admit	$20	$75	$0	$0	$0	$0
Plan 484	2014	HMO	$20	$100/3 days/admit	$20	$75	$0	$0	$0	$0
Plan 485	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 485	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 486	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 486	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 487	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 487	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 488	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 488	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 489	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 489	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 490	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 490	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 491	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 491	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 492	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 492	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 493	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 493	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0

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			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 494	2013	HMO	$25	$100/3 days/admit	$25	$150	$0	$0	$0	$0
Plan 494	2014	HMO	$25	$100/3 days/admit	$25	$150	$0	$0	$0	$0
Plan 495	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 495	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 496	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 496	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 497	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 497	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 498	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 498	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 499	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 499	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 500	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 500	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 501	2013	HMO	$20	$100/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 501	2014	HMO	$20	$100/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 502	2013	HMO	$20	$100/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 502	2014	HMO	$20	$100/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 503	2013	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 503	2014	HMO	$30	$0	$30	$100	$0	$0	$0	$0
Plan 504	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 504	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 505	2013	HMO	$25	$100/3 days/admit	$100	$150	$0	$0	$0	$0
Plan 505	2014	HMO	$25	$100/3 days/admit	$100	$150	$0	$0	$0	$0
Plan 506	2013	HMO	$20	$200/5 days/admit	$20	$150	$0	$0	$0	$0
Plan 506	2014	HMO	$20	$200/5 days/admit	$20	$150	$0	$0	$0	$0
Plan 507	2013	HMO	$20	$100/3 days/admit	$50	$75	$0	$0	$0	$0
Plan 507	2014	HMO	$20	$100/3 days/admit	$50	$75	$0	$0	$0	$0
Plan 508	2013	HMO	$30	$100/3 days/admit	$100	$75	$0	$0	$0	$0
Plan 508	2014	HMO	$30	$100/3 days/admit	$100	$75	$0	$0	$0	$0
Plan 509	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 509	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 510	2013	HMO	$25	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 510	2014	HMO	$25	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 511	2013	HMO	$25	$200/Per admit	$100	$150	$0	$0	$0	$0
Plan 511	2014	HMO	$25	$200/Per admit	$100	$150	$0	$0	$0	$0
Plan 512	2013	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 512	2014	HMO	$15	$0	$15	$75	$0	$0	$0	$0
Plan 513	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 514	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 515	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 516	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 517	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 518	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 519	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 519	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 520	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 520	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 521	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 521	2014	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 522	2013	HMO	$20	Deductible and/or Coinsurance/Per Admit	$20	$0	80%	OON Cost shares apply/Per admit	$20	$0
Plan 522	2014	HMO	$20	Deductible and/or Coinsurance/Per Admit	$20	$0	80%	OON Cost shares apply/Per admit	$20	$0
Plan 523	2013	HMO	$20	Deductible and/or Coinsurance/Per Admit	$20	$0	80%	OON Cost shares apply/Per admit	$20	$0
Plan 523	2014	HMO	$20	Deductible and/or Coinsurance/Per Admit	$20	$0	80%	OON Cost shares apply/Per admit	$20	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 524	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 524	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 525	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 525	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 526	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 526	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 527	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 527	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 528	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 528	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 529	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 529	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 530	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 530	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 531	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 531	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 532	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 532	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 533	2013	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 533	2014	HMO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 534	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 534	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 535	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 535	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 536	2013	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 536	2014	HMO	$0	Deductible and/or Coinsurance/Per Admit	$0	$0	$0	$0	$0	$0
Plan 537	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 538	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 539	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 540	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 541	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 542	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 543	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 544	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 545	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 546	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 547	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 548	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 549	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 550	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 551	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 552	2013	HMO	$0	Deductible and/or Coinsurance/ Per Admit	$0	$0	$0	$0	$0	$0
Plan 553	2013	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 553	2014	HMO	$25	$0	$25	$100	$0	$0	$0	$0
Plan 554	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 554	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 555	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 556	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 557	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 558	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 559	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 559	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 560	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 560	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0

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For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 561	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 561	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 562	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 562	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 563	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 563	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 564	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 564	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 565	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 565	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 566	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 566	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 567	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 567	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 568	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 568	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 569	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 569	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 570	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 570	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 571	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 571	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 572	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 572	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 573	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 573	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 574	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 574	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 575	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 575	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 576	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 576	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 577	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 578	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 579	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 579	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 580	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 580	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 581	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 581	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 582	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 582	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 583	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 583	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 584	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 584	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 585	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 585	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 586	2013	HMO	$25	$0	$100	$150	$0	$0	$0	$0
Plan 586	2014	HMO	$25	$0	$100	$150	$0	$0	$0	$0
Plan 587	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 587	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 588	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 588	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0

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For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 589	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 589	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 590	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 591	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 591	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 592	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 592	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 593	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 593	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 594	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 594	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 595	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 595	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 596	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 596	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 597	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 597	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 598	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 598	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 599	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 599	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 600	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 600	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 601	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 601	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 602	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 602	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 603	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 603	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 604	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 604	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 605	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 605	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 606	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 606	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 607	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 607	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 608	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 608	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 609	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 609	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 610	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 610	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 611	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 611	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 612	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 612	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 613	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 613	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 614	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 614	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 615	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 615	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 616	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 616	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 617	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 617	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 618	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 618	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 619	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 619	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 620	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 620	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 621	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 621	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 622	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 622	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 623	2013	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 623	2014	HMO	$15	$100/3 days/admit	$15	$100	$0	$0	$0	$0
Plan 624	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 624	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 625	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 625	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 626	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 626	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 627	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 628	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 628	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 629	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 629	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 630	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 630	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 631	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 631	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 632	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 632	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 633	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 633	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 634	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 635	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 636	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 637	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 638	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 639	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 640	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 641	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 642	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 643	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 644	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 645	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 646	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 647	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 648	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 649	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 649	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 650	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 650	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 651	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 651	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 652	2013	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 652	2014	HMO	$20	$200/5 days/admit	$100	$100	$0	$0	$0	$0
Plan 653	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 653	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 654	2013	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 654	2014	HMO	$20	$0	$20	$100	$0	$0	$0	$0
Plan 655	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 655	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 656	2013	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 656	2014	HMO	$20	$200/3 days/admit	$20	$100	$0	$0	$0	$0
Plan 657	2013	HMO	$20	$100/Per admit	$20	$100	$0	$0	$0	$0
Plan 657	2014	HMO	$20	$100/Per admit	$20	$100	$0	$0	$0	$0
Plan 658	2013	HMO	$30	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 658	2014	HMO	$30	$100/3 days/admit	$50	$100	$0	$0	$0	$0
Plan 659	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 659	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 660	2013	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 660	2014	HMO	$10	$0	$10	$75	$0	$0	$0	$0
Plan 661	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 661	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 662	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 662	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 663	2013	HMO	$25	$0	$25	$75	$0	$0	$0	$0
Plan 663	2014	HMO	$25	$0	$25	$75	$0	$0	$0	$0
Plan 664	2013	HMO	$20	$100/Per admit	$20	$100	$0	$0	$0	$0
Plan 664	2014	HMO	$20	$100/Per admit	$20	$100	$0	$0	$0	$0
Plan 665	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 665	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 666	2013	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 666	2014	HMO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 667	2013	HMO	$30	$200/3 days/admit	$100	$200	$0	$0	$0	$0
Plan 667	2014	HMO	$30	$200/3 days/admit	$100	$200	$0	$0	$0	$0
Plan 668	2013	PPO	$25	$200/ 3 days/admit	$100	$100	80%	$200/ 3 days/admit	$100	$100
Plan 668	2014	PPO	$25	$200/ 3 days/admit	$100	$100	80%	$200/ 3 days/admit	$100	$100
Plan 669	2013	PPO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 669	2014	PPO	$20	$0	$20	$75	$0	$0	$0	$0
Plan 670	2013	PPO	$25	$200/3 days/admit	$100	$100	80%	$200/3 days/admit	$100	$100
Plan 670	2014	PPO	$25	$200/3 days/admit	$100	$100	80%	$200/3 days/admit	$100	$100
Plan 671	2013	PPO	$20	$100/3 days/admit	$20	$75	$0	$0	$0	$0
Plan 671	2014	PPO	$20	$100/3 days/admit	$20	$75	$0	$0	$0	$0
Plan 672	2013	PPO	$25	$100/3 days/admit	$25	$100	80%	$100/3 days/admit	$25	$100
Plan 672	2014	PPO	$25	$100/3 days/admit	$25	$100	80%	$100/3 days/admit	$25	$100
Plan 673	2013	PPO	$20	Deductible and/or Coinsurance/Per Admit	$20	$0	80%	OON Cost shares apply/Per admit	$20	$0
Plan 673	2014	PPO	$20	Deductible and/or Coinsurance/Per Admit	$20	$0	80%	OON Cost shares apply/Per admit	$20	$0
Plan 674	2013	PPO	$20	Deductible and/or Coinsurance/Per Admit	$20	$0	80%	OON Cost shares apply/Per admit	$20	$0
Plan 674	2014	PPO	$20	Deductible and/or Coinsurance/Per Admit	$20	$0	80%	OON Cost shares apply/Per admit	$20	$0
Plan 675	2013	PPO	$0	$0	$75	$100	70%	$0	$75	$100
Plan 676	2013	PPO	$0	$0	$75	$100	70%	$0	$75	$100
Plan 677	2013	PPO	$30	$0	$30	$150	60%	$0	$30	$150
Plan 678	2013	PPO	$30	$0	$30	$150	60%	$0	$30	$150
Plan 679	2013	PPO	$30	$0	$30	$150	60%	$0	$30	$150
Plan 680	2013	PPO	$30	$0	$30	$150	60%	$0	$30	$150
Plan 681	2013	PPO	$30	$0	$30	$150	60%	$0	$30	$150

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 682	2013	PPO	$30	$0	$30	$150	60%	$0	$30	$150
Plan 683	2013	PPO	$30	$0	$30	$150	60%	$0	$30	$150
Plan 684	2013	PPO	$30	$0	$30	$150	60%	$0	$30	$150
Plan 685	2013	PPO	$0	$0	$75	$100	70%	$0	$75	$100
Plan 685	2014	PPO	$0	$0	$75	$100	70%	$0	$75	$100
Plan 686	2013	PPO	$25	$200/Per admit	$75	$75	70%	$200/Per admit	$75	$75
Plan 686	2014	PPO	$25	$200/Per admit	$75	$75	70%	$200/Per admit	$75	$75
Plan 687	2013	PPO	$30	$0	$100	$100	60%	$0	$100	$100
Plan 687	2014	PPO	$30	$0	$100	$100	60%	$0	$100	$100
Plan 688	2013	PPO	$0	$0	$75	$100	70%	$0	$75	$100
Plan 688	2014	PPO	$0	$0	$75	$100	70%	$0	$75	$100
Plan 689	2013	PPO	$25	$200/Per admit	$75	$75	70%	$200/Per admit	$75	$75
Plan 689	2014	PPO	$25	$200/Per admit	$75	$75	70%	$200/Per admit	$75	$75
Plan 690	2013	PPO	$25	$200/Per admit	$75	$75	70%	$200/Per admit	$75	$75
Plan 691	2013	PPO	$25	$200/Per admit	$75	$75	70%	$200/Per admit	$75	$75
Plan 692	2014	HMO	$10	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 693	2014	HMO	$10	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 694	2014	HMO	$10	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 695	2014	HMO	$15	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 696	2014	HMO	$15	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 697	2014	HMO	$15	$50 per day	$20	$100	Not	Not Covered	Not Covered	$100
Plan 698	2014	HMO	$20	$100 per day	$50	$100	Not	Not Covered	Not Covered	$100
Plan 699	2014	PPO	$20	$200 copay per admit	$200	$150	$40	$200 copay per admit	$200	$150
Plan 700	2014	PPO	$25	$300 copay per admit	$300	$150	$40	$300 copay per admit	$300	$150
Plan 701	2014	PPO	$30	$400 copay per admit	$400	$150	$40	$400 copay per admit	$400	$150
Plan 702	2014	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 703	2014	PPO	$0	$0	$0	$0	$40	$0	$0	$0
Plan 704	2013	HMO	$20	15% after deductible	$108	$75	Not	Not Covered	Not Covered	$75
Plan 705	2014	PPO	$35	$0	$0	$100	$50	$0	$0	$100
Plan 706	2013	PPO	$15	$0	$0	$0	$50	$0	$0	$0
Plan 706	2014	PPO	$15	$0	$0	$0	$50	$0	$0	$0
Plan 707	2013	PPO	$30	$0	$0	$0	$50	$0	$0	$0
Plan 707	2014	PPO	$30	$0	$0	$0	$50	$0	$0	$0
Plan 708	2014	PPO	$25	150 per day, 450 max PCY, combined IN and OON	$100	$75	$40	Included In-Network	$100	$75
Plan 709	2014	PPO	$30	300 per day, 900 max PCY, combined IN and OON	$150	$100	$40	Included In-Network	$150	$100
Plan 710	2014	PPO	$15	200 per admit, 600 max PCY, combined IN and OON	$0	$50	$30	$0	$0	$50
Plan 711	2013	PPO	$20	$20	$20	$20	$40	$40	$40	$40
Plan 711	2014	PPO	$20	$20	$20	$20	$40	$40	$40	$40
Plan 712	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 712	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 713	2014	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 714	2013	PPO	$30	$0	$30	$150	$60	$0	$30	$150
Plan 715	2013	PPO	$40	$0	$40	$150	$50	$0	$40	$150
Plan 716	2013	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 717	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 718	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 719	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 720	2014	PPO	$0	$0	$0	$75	$70	$0	$0	$75
Plan 721	2014	PPO	$0	$0	$0	$75	$70	$0	$0	$75
Plan 722	2014	PPO	$25	$0	$25	$75	$70	$0	$25	$75
Plan 723	2014	PPO	$25	$0	$25	$75	$70	$0	$25	$75
Plan 724	2014	PPO	$25	$0	$25	$75	$60	$0	$25	$75
Plan 725	2014	PPO	$25	$0	$25	$75	$60	$0	$25	$75
Plan 726	2014	PPO	$20	$0	$20	$75	$60	$0	$35	$75

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 727	2014	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 728	2014	PPO	$20	$0	$0	$75	$60	$0	$0	$75
Plan 729	2014	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 730	2014	PPO	$20	$0	$20	$75	$70	$0	$35	$75
Plan 731	2014	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 732	2014	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 733	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 734	2014	PPO	$20	$0	$0	$75	$60	$0	$0	$75
Plan 735	2014	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 736	2014	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 737	2014	PPO	$20	$0	$20	$75	$60	$0	$35	$75
Plan 738	2014	TRAD	$0	$0	$0	$75	$80	$0	$0	$75
Plan 739	2014	TRAD	$0	$0	$0	$75	$70	$0	$0	$75
Plan 740	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 741	2014	TRAD	$30	$0	$30	$100	$80	$0	$30	$100
Plan 742	2014	TRAD	$20	$0	$20	$100	$80	$0	$20	$100
Plan 743	2014	PPO	$30	$0	$30	$100	$60	$0	$30	$100
Plan 744	2013	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 744	2014	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 745	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 745	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 746	2013	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 746	2014	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 747	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 747	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 748	2013	PPO	$20	$0	$20	$75	$70	$0	$35	$75
Plan 749	2013	PPO	$0	$0	$0	$75	$80	$0	$0	$75
Plan 750	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 751	2013	PPO	$30	$0	$30	$150	$60	$0	$30	$150
Plan 752	2013	PPO	$0	$0	$0	$0	$0	$0	$0	$0
Plan 753	2014	PPO	$30	$0	$30	$100	$80	$0	$30	$100
Plan 754	2014	PPO	$30	$0	$30	$100	$60	$0	$30	$100
Plan 755	2014	PPO	$0	$0	$0	$75	$80	$0	$0	$75
Plan 756	2014	PPO	$20	$0	$20	$75	$70	$0	$35	$75
Plan 757	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 758	2014	PPO	$20	$0	$0	$75	$60	$0	$0	$75
Plan 759	2014	PPO	$20	$0	$0	$75	$70	$0	$0	$75
Plan 760	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 761	2013	PPO	$20	$0	$20	$100	$80	$0	$20	$100
Plan 761	2014	PPO	$20	$0	$20	$100	$80	$0	$20	$100
Plan 762	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 762	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 763	2013	PPO	$0	$0	$0	$75	$70	$0	$0	$75
Plan 763	2014	PPO	$0	$0	$0	$75	$70	$0	$0	$75
Plan 764	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 764	2014	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 765	2013	PPO	$0	$0	$0	$0	$60	$0	$0	$0
Plan 766	2013	PPO	$25	$150 per day per admit, 3 days maximum, then 20%	20%	$75	$40	$150 per day per admit, 3 days maximum. then 40%	40%	$75
Plan 767	2013	PPO	$30	$300 per day per admit, 3 days maximum, then 20%	$150	$75	$20	$300 per day per admit, 3 days maximum. then 40%	$150	$75
Plan 768	2014	PPO	20%	20%	20%	20%	$50	50%	50%	20%
Plan 769	2014	PPO	20%	20%	20%	20%	$40	40%	40%	20%
Plan 770	2014	PPO	20%	20%	20%	20%	$40	40%	40%	20%

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Health Plan	Plan Year Ending	Plan Type	Co-Payments							
			In-Network				Out-of-Network			
			Office Visit	Inpatient	Outpatient Surgery	Emergency Room	Office Visit	Inpatient	Outpatient Surgery	Emergency Room
Plan 771	2014	PPO	$15	$200 oer admit, then 10%	10%	$50	$30	30%	30%	$50
Plan 772	2014	PPO	$20	20%	20%	$100	$50	50%	50%	$100
Plan 773	2014	PPO	$20	20%	20%	$100	$50	50%	50%	$100
Plan 774	2014	PPO	$25	$150 per admit, then 20%	$100	$75	$40	40%	40%	$75
Plan 775	2014	PPO	$30	$300 per admit, then 20%	20%	$100	$40	50%	40%	$100
Plan 776	2014	PPO	$15	20%	20%	$100	$50	50%	50%	$100
Plan 777	2014	PPO	$30	25%	25%	$200	$50	50%	50%	$200
Plan 778	2014	PPO	$35	35%	35%	$200	$50	50%	50%	$200
Plan 779	2014	PPO	$20	20%	20%	$100	$50	50%	50%	$100
Plan 780	2014	PPO	$20	20%	20%	$100	$50	50%	50%	$100

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Exhibit A5f
Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 238	2013	PPO	$1,000	$2,000	$2,000	$4,000
Plan 245	2013	PPO	$4,000	$12,000	$0	$0
Plan 268	2013	PPO	$3,000	$6,000	$6,000	$12,000
Plan 269	2013	PPO	$5,500	$11,000	$5,500	$11,000
Plan 269	2014	PPO	$5,500	$11,000	$5,500	$11,000
Plan 270	2013	PPO	$4,000	$12,000	$4,000	$12,000
Plan 270	2014	PPO	$4,000	$12,000	$4,000	$12,000
Plan 271	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 271	2014	PPO	$3,000	$9,000	$3,000	$9,000
Plan 272	2013	PPO	$5,000	$15,000	$5,000	$15,000
Plan 272	2014	PPO	$5,000	$15,000	$5,000	$15,000
Plan 273	2013	HMO	$2,000	$6,000	Not Covered	Not Covered
Plan 273	2014	HMO	$2,000	$6,000	Not Covered	Not Covered
Plan 274	2013	HMO	$2,000	$6,000	Not Covered	Not Covered
Plan 275	2013	HMO	$2,000	$6,000	Not Covered	Not Covered
Plan 275	2014	HMO	$2,000	$6,000	Not Covered	Not Covered
Plan 276	2013	HMO	$600	$1,800	Not Covered	Not Covered
Plan 276	2014	HMO	$600	$1,800	Not Covered	Not Covered
Plan 277	2013	HMO	$2,500	$7,500	Not Covered	Not Covered
Plan 278	2013	PPO	$5,000	$15,000	$0	$0
Plan 278	2014	PPO	$5,000	$15,000	$0	$0
Plan 279	2013	PPO	$4,000	$12,000	$0	$0
Plan 279	2014	PPO	$4,000	$12,000	$0	$0
Plan 280	2013	PPO	$7,500	$22,500	$0	$0
Plan 280	2014	PPO	$7,500	$22,500	$0	$0
Plan 281	2013	Closed Network	$1,200	$3,600	$0	$0
Plan 281	2014	Closed Network	$1,200	$3,600	$0	$0
Plan 282	2013	Closed Network	$2,000	$6,000	$0	$0
Plan 282	2014	Closed Network	$2,000	$6,000	$0	$0
Plan 283	2013	Closed Network	$1,200	$3,600	$0	$0
Plan 283	2013	Closed Network	$1,200	$3,600	$0	$0
Plan 283	2014	Closed Network	$1,200	$3,600	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 285	2013	Closed Network	$3,000	$9,000	$0	$0
Plan 285	2013	Closed Network	$3,000	$9,000	$0	$0
Plan 285	2014	Closed Network	$2,000	$6,000	$0	$0
Plan 286	2013	HMO	$2,000	$4,000	$2,000	$4,000
Plan 287	2013	HMO	$2,000	$4,000	$2,000	$4,000
Plan 288	2013	HMO	$5,100	$10,200	$5,100	$10,200
Plan 289	2013	PPO	$4,000	$8,000	$0	$0
Plan 289	2014	PPO	$4,000	$8,000	$0	$0
Plan 292	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 293	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 294	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 298	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 300	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 301	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 301	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 302	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 302	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 303	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 304	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 305	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 306	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 308	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 308	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 310	2013	HMO	$600	$1,200	Not Covered	Not Covered
Plan 311	2013	HMO	$1,000	$2,000	Not Covered	Not Covered
Plan 315	2013	PPO	$1,100	$0	$0	$0
Plan 315	2014	PPO	$1,100	$0	$0	$0
Plan 316	2013	PPO	$4,200	$8,400	Included In-Network	Included In-Network
Plan 317	2013	PPO	$1,800	$0	$0	$0
Plan 318	2013	PPO	$1,100	$0	$0	$0
Plan 318	2014	PPO	$1,100	$0	$0	$0
Plan 319	2013	PPO	$2,300	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 320	2013	PPO	$3,000	$0	$0	$0
Plan 320	2014	PPO	$3,000	$0	$0	$0
Plan 321	2013	PPO	$2,300	$0	$0	$0
Plan 322	2013	PPO	$3,000	$0	$0	$0
Plan 322	2014	PPO	$3,000	$0	$0	$0
Plan 324	2013	PPO	$2,700	$8,100	Included In-Network	Included In-Network
Plan 324	2014	PPO	$2,700	$8,100	Included In-Network	Included In-Network
Plan 325	2013	PPO	$5,500	$16,500	$10,500	$31,500
Plan 325	2014	PPO	$5,500	$16,500	$10,500	$31,500
Plan 326	2013	PPO	$1,200	$3,600	Included In-Network	Included In-Network
Plan 326	2014	PPO	$1,200	$3,600	Included In-Network	Included In-Network
Plan 327	2013	PPO	$5,750	$0	$0	$0
Plan 327	2014	PPO	$5,750	$0	$0	$0
Plan 328	2013	PPO	$2,700	$8,100	Included In-Network	Included In-Network
Plan 332	2013	PPO	$3,200	$9,600	$6,200	$18,600
Plan 332	2014	PPO	$3,200	$9,600	$6,200	$18,600
Plan 334	2013	PPO	$5,500	$16,500	$10,500	$31,500
Plan 334	2014	PPO	$5,500	$16,500	$10,500	$31,500
Plan 335	2013	PPO	$5,750	$17,250	$10,750	$32,250
Plan 335	2014	PPO	$5,750	$17,250	$10,750	$32,250
Plan 336	2013	PPO	$2,100	$6,300	$10,100	$30,300
Plan 336	2014	PPO	$2,100	$6,300	$10,100	$30,300
Plan 337	2013	PPO	$2,100	$6,300	$10,100	$30,300
Plan 337	2014	PPO	$2,100	$6,300	$10,100	$30,300
Plan 338	2013	PPO	$3,200	$9,600	$10,200	$30,600
Plan 338	2014	PPO	$3,200	$9,600	$10,200	$30,600
Plan 339	2013	PPO	$3,200	$9,600	$10,200	$30,600
Plan 339	2014	PPO	$3,200	$9,600	$10,200	$30,600
Plan 340	2013	PPO	$5,500	$16,500	$10,500	$31,500
Plan 340	2014	PPO	$5,500	$16,500	$10,500	$31,500
Plan 341	2013	PPO	$5,500	$16,500	$10,500	$31,500
Plan 341	2014	PPO	$5,500	$16,500	$10,500	$31,500

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 342	2013	PPO	$6,000	$18,000	$11,000	$33,000
Plan 342	2014	PPO	$6,000	$18,000	$11,000	$33,000
Plan 343	2013	PPO	$6,000	$18,000	$11,000	$33,000
Plan 343	2014	PPO	$6,000	$18,000	$11,000	$33,000
Plan 344	2013	PPO	$1,600	$4,800	$3,100	$9,300
Plan 344	2014	PPO	$1,600	$4,800	$3,100	$9,300
Plan 345	2013	PPO	$2,700	$8,100	$11,000	$33,000
Plan 345	2014	PPO	$2,700	$8,100	$11,000	$33,000
Plan 346	2013	PPO	$4,200	$8,400	$4,200	$8,400
Plan 347	2013	PPO	$2,000	$4,000	$2,000	$4,000
Plan 348	2013	PPO	$500	$1,500	Included In-Network	Included In-Network
Plan 349	2013	PPO	$1,500	$4,500	Included In-Network	Included In-Network
Plan 350	2013	PPO	$2,750	$8,250	Included In-Network	Included In-Network
Plan 351	2013	PPO	$500	$1,500	$0	$0
Plan 352	2013	PPO	$1,000	$3,000	$1,000	$3,000
Plan 352	2014	PPO	$1,000	$3,000	$1,000	$3,000
Plan 353	2013	PPO	$2,000	$6,000	$2,000	$6,000
Plan 354	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 355	2013	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 355	2014	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 356	2013	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 356	2014	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 357	2013	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 358	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 359	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 360	2013	PPO	$1,000	$3,000	$1,000	$3,000
Plan 361	2013	PPO	$3,750	$7,500	$3,750	$7,500
Plan 362	2013	PPO	$1,000	$3,000	$1,000	$3,000
Plan 362	2014	PPO	$1,000	$3,000	$1,000	$3,000
Plan 363	2013	PPO	$2,000	$6,000	$2,000	$6,000
Plan 363	2014	PPO	$2,000	$6,000	$2,000	$6,000
Plan 364	2013	PPO	$5,000	$15,000	$5,000	$15,000

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 365	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 366	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 367	2013	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 367	2014	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 368	2013	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 368	2014	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 369	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 370	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 370	2014	PPO	$5,000	$10,000	$5,000	$10,000
Plan 374	2013	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 378	2013	PPO	$3,500	$10,500	$3,500	$10,500
Plan 380	2013	TRAD	$3,500	$10,500	$3,500	$10,500
Plan 381	2013	PPO	$3,500	$10,500	$3,500	$10,500
Plan 383	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 384	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 385	2013	PPO	$2,000	$6,000	$2,000	$6,000
Plan 386	2013	PPO	$2,000	$6,000	$2,000	$6,000
Plan 391	2013	PPO	$1,800	$5,400	$1,800	$5,400
Plan 392	2013	PPO	$1,750	$5,250	$1,750	$5,250
Plan 393	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 397	2013	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 398	2013	TRAD	$2,000	$0	$2,000	$0
Plan 399	2013	TRAD	$1,250	$0	$1,250	$0
Plan 400	2013	PPO	$2,500	$7,500	$10,000	$30,000
Plan 401	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 401	2014	PPO	$5,000	$10,000	$5,000	$10,000
Plan 402	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 403	2013	PPO	$3,500	$10,500	$3,500	$10,500
Plan 404	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 405	2013	PPO	$5,000	$15,000	$5,000	$15,000
Plan 406	2013	PPO	$5,000	$15,000	$5,000	$15,000
Plan 407	2013	PPO	$2,500	$5,000	$2,500	$5,000

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 408	2013	PPO	$2,500	$5,000	$2,500	$5,000
Plan 409	2014	PPO	$4,000	$4,000	$8,000	$8,000
Plan 410	2014	PPO	$4,000	$12,000	$10,000	$30,000
Plan 411	2014	PPO	$1,000	$2,000	$2,000	$4,000
Plan 412	2014	PPO	$1,500	$4,500	$1,500	$4,500
Plan 413	2014	PPO	$2,500	$5,000	$2,500	$5,000
Plan 414	2013	PPO	$0	$0	$10,000	$30,000
Plan 414	2014	PPO	$0	$0	$10,000	$30,000
Plan 415	2013	PPO	$5,000	$15,000	$5,000	$15,000
Plan 415	2014	PPO	$5,000	$15,000	$5,000	$15,000
Plan 416	2013	PPO	$5,000	$15,000	$5,000	$15,000
Plan 416	2014	PPO	$5,000	$15,000	$5,000	$15,000
Plan 417	2013	PPO	$5,000	$0	$5,000	$0
Plan 417	2014	PPO	$5,000	$0	$5,000	$0
Plan 418	2013	HMO	$2,000	$4,000	$0	$0
Plan 418	2014	HMO	$2,000	$4,000	$0	$0
Plan 419	2013	HMO	$1,000	$2,000	$0	$0
Plan 419	2014	HMO	$1,000	$2,000	$0	$0
Plan 420	2013	HMO	$2,000	$4,000	$0	$0
Plan 420	2014	HMO	$2,000	$4,000	$0	$0
Plan 421	2013	HMO	$2,000	$4,000	$0	$0
Plan 421	2014	HMO	$2,000	$4,000	$0	$0
Plan 422	2013	HMO	$2,000	$4,000	$0	$0
Plan 422	2014	HMO	$2,000	$4,000	$0	$0
Plan 423	2013	HMO	$2,000	$4,000	$0	$0
Plan 423	2014	HMO	$2,000	$4,000	$0	$0
Plan 424	2013	HMO	$2,000	$4,000	$0	$0
Plan 424	2014	HMO	$2,000	$4,000	$0	$0
Plan 425	2013	HMO	$2,000	$6,000	$0	$0
Plan 425	2014	HMO	$2,000	$6,000	$0	$0
Plan 426	2013	HMO	$2,000	$6,000	$0	$0
Plan 426	2014	HMO	$2,000	$6,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 427	2013	HMO	$2,000	$4,000	$0	$0
Plan 427	2014	HMO	$2,000	$4,000	$0	$0
Plan 428	2013	HMO	$2,000	$4,000	$0	$0
Plan 428	2014	HMO	$2,000	$4,000	$0	$0
Plan 429	2013	HMO	$2,000	$4,000	$0	$0
Plan 430	2013	HMO	$2,000	$4,000	$0	$0
Plan 430	2014	HMO	$2,000	$4,000	$0	$0
Plan 431	2013	HMO	$3,000	$9,000	$0	$0
Plan 431	2014	HMO	$3,000	$9,000	$0	$0
Plan 432	2013	HMO	$2,000	$4,000	$0	$0
Plan 432	2014	HMO	$2,000	$4,000	$0	$0
Plan 433	2013	HMO	$3,000	$6,000	$0	$0
Plan 433	2014	HMO	$3,000	$6,000	$0	$0
Plan 434	2013	HMO	$2,000	$4,000	$0	$0
Plan 434	2014	HMO	$2,000	$4,000	$0	$0
Plan 435	2013	HMO	$2,000	$4,000	$0	$0
Plan 435	2014	HMO	$2,000	$4,000	$0	$0
Plan 436	2013	HMO	$2,000	$4,000	$0	$0
Plan 436	2014	HMO	$2,000	$4,000	$0	$0
Plan 437	2013	HMO	$2,000	$4,000	$0	$0
Plan 437	2014	HMO	$2,000	$4,000	$0	$0
Plan 438	2013	HMO	$2,000	$4,000	$0	$0
Plan 438	2014	HMO	$2,000	$4,000	$0	$0
Plan 439	2013	HMO	$2,000	$6,000	$0	$0
Plan 439	2014	HMO	$2,000	$6,000	$0	$0
Plan 440	2013	HMO	$2,000	$4,000	$0	$0
Plan 440	2014	HMO	$2,000	$4,000	$0	$0
Plan 441	2013	HMO	$2,000	$4,000	$0	$0
Plan 441	2014	HMO	$2,000	$4,000	$0	$0
Plan 442	2013	HMO	$2,000	$6,000	$0	$0
Plan 442	2014	HMO	$2,000	$6,000	$0	$0
Plan 443	2013	HMO	$2,000	$4,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 443	2014	HMO	$2,000	$4,000	$0	$0
Plan 444	2013	HMO	$2,000	$4,000	$0	$0
Plan 444	2014	HMO	$2,000	$4,000	$0	$0
Plan 445	2013	HMO	$1,000	$2,000	$0	$0
Plan 445	2014	HMO	$1,000	$2,000	$0	$0
Plan 446	2013	HMO	$2,000	$4,000	$0	$0
Plan 446	2014	HMO	$2,000	$4,000	$0	$0
Plan 447	2013	HMO	$2,000	$4,000	$0	$0
Plan 447	2014	HMO	$2,000	$4,000	$0	$0
Plan 448	2013	HMO	$2,000	$4,000	$0	$0
Plan 448	2014	HMO	$2,000	$4,000	$0	$0
Plan 449	2013	HMO	$1,000	$2,000	$0	$0
Plan 449	2014	HMO	$1,000	$2,000	$0	$0
Plan 450	2013	HMO	$3,000	$6,000	$0	$0
Plan 450	2014	HMO	$3,000	$6,000	$0	$0
Plan 451	2013	HMO	$2,000	$4,000	$0	$0
Plan 451	2014	HMO	$2,000	$4,000	$0	$0
Plan 452	2013	HMO	$1,000	$2,000	$0	$0
Plan 452	2014	HMO	$1,000	$2,000	$0	$0
Plan 453	2013	HMO	$2,000	$4,000	$0	$0
Plan 453	2014	HMO	$2,000	$4,000	$0	$0
Plan 454	2013	HMO	$2,000	$4,000	$0	$0
Plan 454	2014	HMO	$2,000	$4,000	$0	$0
Plan 455	2013	HMO	$2,000	$4,000	$0	$0
Plan 455	2014	HMO	$2,000	$4,000	$0	$0
Plan 456	2013	HMO	$2,000	$4,000	$0	$0
Plan 456	2014	HMO	$2,000	$4,000	$0	$0
Plan 457	2013	HMO	$1,000	$3,000	$0	$0
Plan 458	2013	HMO	$3,000	$6,000	$0	$0
Plan 458	2014	HMO	$3,000	$6,000	$0	$0
Plan 459	2013	HMO	$1,000	$2,000	$0	$0
Plan 459	2014	HMO	$1,000	$2,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 460	2013	HMO	$2,000	$4,000	$0	$0
Plan 460	2014	HMO	$2,000	$4,000	$0	$0
Plan 461	2013	HMO	$1,000	$2,000	$0	$0
Plan 461	2014	HMO	$1,000	$2,000	$0	$0
Plan 462	2013	HMO	$2,000	$4,000	$0	$0
Plan 462	2014	HMO	$2,000	$4,000	$0	$0
Plan 463	2013	HMO	$2,000	$4,000	$0	$0
Plan 463	2014	HMO	$2,000	$4,000	$0	$0
Plan 464	2013	HMO	$1,000	$2,000	$0	$0
Plan 464	2014	HMO	$1,000	$2,000	$0	$0
Plan 465	2013	HMO	$2,000	$4,000	$0	$0
Plan 465	2014	HMO	$2,000	$4,000	$0	$0
Plan 466	2013	HMO	$2,000	$6,000	$0	$0
Plan 466	2014	HMO	$2,000	$6,000	$0	$0
Plan 467	2013	HMO	$2,000	$4,000	$0	$0
Plan 467	2014	HMO	$2,000	$4,000	$0	$0
Plan 468	2013	HMO	$2,000	$4,000	$0	$0
Plan 468	2014	HMO	$2,000	$4,000	$0	$0
Plan 469	2013	HMO	$2,000	$6,000	$0	$0
Plan 469	2014	HMO	$2,000	$6,000	$0	$0
Plan 470	2013	HMO	$2,000	$6,000	$0	$0
Plan 470	2014	HMO	$2,000	$6,000	$0	$0
Plan 471	2013	HMO	$2,000	$6,000	$0	$0
Plan 471	2014	HMO	$2,000	$6,000	$0	$0
Plan 472	2013	HMO	$2,000	$4,000	$0	$0
Plan 472	2014	HMO	$2,000	$4,000	$0	$0
Plan 473	2013	HMO	$2,000	$4,000	$0	$0
Plan 473	2014	HMO	$2,000	$4,000	$0	$0
Plan 474	2013	HMO	$2,000	$6,000	$0	$0
Plan 474	2014	HMO	$2,000	$6,000	$0	$0
Plan 475	2013	HMO	$2,000	$6,000	$0	$0
Plan 475	2014	HMO	$2,000	$6,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 476	2013	HMO	$2,000	$4,000	$0	$0
Plan 476	2014	HMO	$2,000	$4,000	$0	$0
Plan 477	2013	HMO	$2,000	$6,000	$0	$0
Plan 477	2014	HMO	$2,000	$6,000	$0	$0
Plan 478	2013	HMO	$2,000	$6,000	$0	$0
Plan 478	2014	HMO	$2,000	$6,000	$0	$0
Plan 479	2013	HMO	$2,000	$6,000	$0	$0
Plan 479	2014	HMO	$2,000	$6,000	$0	$0
Plan 480	2013	PPO	$2,000	$4,000	$2,000	$4,000
Plan 480	2014	PPO	$2,000	$4,000	$2,000	$4,000
Plan 481	2013	HMO	$2,000	$4,000	$0	$0
Plan 481	2014	HMO	$2,000	$4,000	$0	$0
Plan 482	2013	HMO	$2,000	$6,000	$0	$0
Plan 482	2014	HMO	$2,000	$6,000	$0	$0
Plan 483	2013	HMO	$2,000	$4,000	$0	$0
Plan 483	2014	HMO	$2,000	$4,000	$0	$0
Plan 484	2013	HMO	$2,000	$4,000	$0	$0
Plan 484	2014	HMO	$2,000	$4,000	$0	$0
Plan 485	2013	HMO	$2,000	$6,000	$0	$0
Plan 485	2014	HMO	$2,000	$6,000	$0	$0
Plan 486	2013	HMO	$2,000	$6,000	$0	$0
Plan 486	2014	HMO	$2,000	$6,000	$0	$0
Plan 487	2013	HMO	$2,000	$6,000	$0	$0
Plan 487	2014	HMO	$2,000	$6,000	$0	$0
Plan 488	2013	HMO	$2,000	$6,000	$0	$0
Plan 488	2014	HMO	$2,000	$6,000	$0	$0
Plan 489	2013	HMO	$2,000	$6,000	$0	$0
Plan 489	2014	HMO	$2,000	$6,000	$0	$0
Plan 490	2013	HMO	$2,000	$6,000	$0	$0
Plan 490	2014	HMO	$2,000	$6,000	$0	$0
Plan 491	2013	HMO	$2,000	$6,000	$0	$0
Plan 491	2014	HMO	$2,000	$6,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 492	2013	HMO	$2,000	$6,000	$0	$0
Plan 492	2014	HMO	$2,000	$6,000	$0	$0
Plan 493	2013	HMO	$2,000	$6,000	$0	$0
Plan 493	2014	HMO	$2,000	$6,000	$0	$0
Plan 494	2013	HMO	$2,000	$4,000	$0	$0
Plan 494	2014	HMO	$2,000	$4,000	$0	$0
Plan 495	2013	HMO	$2,000	$6,000	$0	$0
Plan 495	2014	HMO	$2,000	$6,000	$0	$0
Plan 496	2013	HMO	$2,000	$6,000	$0	$0
Plan 496	2014	HMO	$2,000	$6,000	$0	$0
Plan 497	2013	HMO	$2,000	$4,000	$0	$0
Plan 497	2014	HMO	$2,000	$4,000	$0	$0
Plan 498	2013	HMO	$2,000	$6,000	$0	$0
Plan 498	2014	HMO	$2,000	$6,000	$0	$0
Plan 499	2013	HMO	$2,000	$6,000	$0	$0
Plan 499	2014	HMO	$2,000	$6,000	$0	$0
Plan 500	2013	HMO	$2,000	$6,000	$0	$0
Plan 500	2014	HMO	$2,000	$6,000	$0	$0
Plan 501	2013	HMO	$2,000	$4,000	$0	$0
Plan 501	2014	HMO	$2,000	$4,000	$0	$0
Plan 502	2013	HMO	$2,000	$4,000	$0	$0
Plan 502	2014	HMO	$2,000	$4,000	$0	$0
Plan 503	2013	HMO	$2,000	$6,000	$0	$0
Plan 503	2014	HMO	$2,000	$6,000	$0	$0
Plan 504	2013	HMO	$2,000	$6,000	$0	$0
Plan 504	2014	HMO	$2,000	$6,000	$0	$0
Plan 505	2013	HMO	$2,000	$4,000	$0	$0
Plan 505	2014	HMO	$2,000	$4,000	$0	$0
Plan 506	2013	HMO	$2,000	$4,000	$0	$0
Plan 506	2014	HMO	$2,000	$4,000	$0	$0
Plan 507	2013	HMO	$2,000	$6,000	$0	$0
Plan 507	2014	HMO	$2,000	$6,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 508	2013	HMO	$1,000	$2,000	$0	$0
Plan 508	2014	HMO	$1,000	$2,000	$0	$0
Plan 509	2013	HMO	$2,000	$6,000	$0	$0
Plan 509	2014	HMO	$2,000	$6,000	$0	$0
Plan 510	2013	HMO	$2,000	$4,000	$0	$0
Plan 510	2014	HMO	$2,000	$4,000	$0	$0
Plan 511	2013	HMO	$2,000	$6,000	$0	$0
Plan 511	2014	HMO	$2,000	$6,000	$0	$0
Plan 512	2013	HMO	$2,000	$4,000	$0	$0
Plan 512	2014	HMO	$2,000	$4,000	$0	$0
Plan 513	2013	HMO	$5,000	$15,000	$0	$0
Plan 514	2013	HMO	$5,000	$15,000	$0	$0
Plan 515	2013	HMO	$5,000	$15,000	$0	$0
Plan 516	2013	HMO	$5,000	$15,000	$0	$0
Plan 517	2013	HMO	$5,000	$15,000	$0	$0
Plan 518	2013	HMO	$5,000	$15,000	$0	$0
Plan 519	2013	HMO	$1,000	$2,000	$0	$0
Plan 519	2014	HMO	$1,000	$2,000	$0	$0
Plan 520	2013	HMO	$5,100	$0	$0	$0
Plan 520	2014	HMO	$5,100	$0	$0	$0
Plan 521	2013	HMO	$5,100	$3,000	$0	$0
Plan 521	2014	HMO	$5,100	$3,000	$0	$0
Plan 522	2013	HMO	$5,100	$0	$5,100	$0
Plan 522	2014	HMO	$5,100	$0	$5,100	$0
Plan 523	2013	HMO	$5,100	$0	$5,100	$0
Plan 523	2014	HMO	$5,100	$0	$5,100	$0
Plan 524	2013	HMO	$5,100	$0	$0	$0
Plan 524	2014	HMO	$5,100	$0	$0	$0
Plan 525	2013	HMO	$5,100	$0	$0	$0
Plan 525	2014	HMO	$5,100	$0	$0	$0
Plan 526	2013	HMO	$5,100	$0	$0	$0
Plan 526	2014	HMO	$5,100	$0	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 527	2013	HMO	$5,100	$0	$0	$0
Plan 527	2014	HMO	$5,100	$0	$0	$0
Plan 528	2013	HMO	$2,000	$6,000	$0	$0
Plan 528	2014	HMO	$2,000	$6,000	$0	$0
Plan 529	2013	HMO	$5,100	$0	$0	$0
Plan 529	2014	HMO	$5,100	$0	$0	$0
Plan 530	2013	HMO	$5,100	$0	$0	$0
Plan 530	2014	HMO	$5,100	$0	$0	$0
Plan 531	2013	HMO	$5,100	$0	$0	$0
Plan 531	2014	HMO	$5,100	$0	$0	$0
Plan 532	2013	HMO	$5,100	$0	$0	$0
Plan 532	2014	HMO	$5,100	$0	$0	$0
Plan 533	2013	HMO	$5,100	$3,000	$0	$0
Plan 533	2014	HMO	$5,100	$3,000	$0	$0
Plan 534	2013	HMO	$5,100	$0	$0	$0
Plan 534	2014	HMO	$5,100	$0	$0	$0
Plan 535	2013	HMO	$5,100	$0	$0	$0
Plan 535	2014	HMO	$5,100	$0	$0	$0
Plan 536	2013	HMO	$5,100	$0	$0	$0
Plan 536	2014	HMO	$5,100	$0	$0	$0
Plan 537	2013	HMO	$5,100	$3,000	$0	$0
Plan 538	2013	HMO	$5,100	$3,000	$0	$0
Plan 539	2013	HMO	$5,100	$3,000	$0	$0
Plan 540	2013	HMO	$5,100	$3,000	$0	$0
Plan 541	2013	HMO	$5,100	$3,000	$0	$0
Plan 542	2013	HMO	$5,100	$3,000	$0	$0
Plan 543	2013	HMO	$5,100	$3,000	$0	$0
Plan 544	2013	HMO	$5,100	$3,000	$0	$0
Plan 545	2013	HMO	$5,100	$3,000	$0	$0
Plan 546	2013	HMO	$5,100	$3,000	$0	$0
Plan 547	2013	HMO	$5,100	$3,000	$0	$0
Plan 548	2013	HMO	$5,100	$3,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 549	2013	HMO	$5,100	$3,000	$0	$0
Plan 550	2013	HMO	$5,100	$3,000	$0	$0
Plan 551	2013	HMO	$5,100	$3,000	$0	$0
Plan 552	2013	HMO	$5,100	$3,000	$0	$0
Plan 553	2013	HMO	$3,000	$6,000	$0	$0
Plan 553	2014	HMO	$3,000	$6,000	$0	$0
Plan 554	2013	HMO	$2,000	$6,000	$0	$0
Plan 554	2014	HMO	$2,000	$6,000	$0	$0
Plan 555	2013	HMO	$1,000	$2,000	$0	$0
Plan 556	2013	HMO	$1,000	$2,000	$0	$0
Plan 557	2013	HMO	$2,000	$6,000	$0	$0
Plan 558	2013	HMO	$2,000	$6,000	$0	$0
Plan 559	2013	HMO	$1,000	$2,000	$0	$0
Plan 559	2014	HMO	$1,000	$2,000	$0	$0
Plan 560	2013	HMO	$2,000	$6,000	$0	$0
Plan 560	2014	HMO	$2,000	$6,000	$0	$0
Plan 561	2013	HMO	$1,000	$2,000	$0	$0
Plan 561	2014	HMO	$1,000	$2,000	$0	$0
Plan 562	2013	HMO	$1,000	$2,000	$0	$0
Plan 562	2014	HMO	$1,000	$2,000	$0	$0
Plan 563	2013	HMO	$1,000	$2,000	$0	$0
Plan 563	2014	HMO	$1,000	$2,000	$0	$0
Plan 564	2013	HMO	$1,000	$2,000	$0	$0
Plan 564	2014	HMO	$1,000	$2,000	$0	$0
Plan 565	2013	HMO	$2,000	$4,000	$0	$0
Plan 565	2014	HMO	$2,000	$4,000	$0	$0
Plan 566	2013	HMO	$2,000	$4,000	$0	$0
Plan 566	2014	HMO	$2,000	$4,000	$0	$0
Plan 567	2013	HMO	$2,000	$4,000	$0	$0
Plan 567	2014	HMO	$2,000	$4,000	$0	$0
Plan 568	2013	HMO	$1,000	$2,000	$0	$0
Plan 568	2014	HMO	$1,000	$2,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 569	2013	HMO	$2,000	$4,000	$0	$0
Plan 569	2014	HMO	$2,000	$4,000	$0	$0
Plan 570	2013	HMO	$1,000	$2,000	$0	$0
Plan 570	2014	HMO	$1,000	$2,000	$0	$0
Plan 571	2013	HMO	$1,000	$2,000	$0	$0
Plan 571	2014	HMO	$1,000	$2,000	$0	$0
Plan 572	2013	HMO	$1,000	$2,000	$0	$0
Plan 572	2014	HMO	$1,000	$2,000	$0	$0
Plan 573	2013	HMO	$1,000	$2,000	$0	$0
Plan 573	2014	HMO	$1,000	$2,000	$0	$0
Plan 574	2013	HMO	$1,000	$2,000	$0	$0
Plan 574	2014	HMO	$1,000	$2,000	$0	$0
Plan 575	2013	HMO	$1,000	$2,000	$0	$0
Plan 575	2014	HMO	$1,000	$2,000	$0	$0
Plan 576	2013	HMO	$2,000	$6,000	$0	$0
Plan 576	2014	HMO	$2,000	$6,000	$0	$0
Plan 577	2013	HMO	$5,000	$15,000	$0	$0
Plan 578	2013	HMO	$5,000	$15,000	$0	$0
Plan 579	2013	HMO	$2,000	$4,000	$0	$0
Plan 579	2014	HMO	$2,000	$4,000	$0	$0
Plan 580	2013	HMO	$2,000	$4,000	$0	$0
Plan 580	2014	HMO	$2,000	$4,000	$0	$0
Plan 581	2013	HMO	$2,000	$4,000	$0	$0
Plan 581	2014	HMO	$2,000	$4,000	$0	$0
Plan 582	2013	HMO	$2,000	$4,000	$0	$0
Plan 582	2014	HMO	$2,000	$4,000	$0	$0
Plan 583	2013	HMO	$1,000	$2,000	$0	$0
Plan 583	2014	HMO	$1,000	$2,000	$0	$0
Plan 584	2013	HMO	$2,000	$4,000	$0	$0
Plan 584	2014	HMO	$2,000	$4,000	$0	$0
Plan 585	2013	HMO	$2,000	$4,000	$0	$0
Plan 585	2014	HMO	$2,000	$4,000	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 586	2013	HMO	$2,000	$4,000	$0	$0
Plan 586	2014	HMO	$2,000	$4,000	$0	$0
Plan 587	2013	HMO	$2,000	$4,000	$0	$0
Plan 587	2014	HMO	$2,000	$4,000	$0	$0
Plan 588	2013	HMO	$2,000	$4,000	$0	$0
Plan 588	2014	HMO	$2,000	$4,000	$0	$0
Plan 589	2013	HMO	$2,000	$4,000	$0	$0
Plan 589	2014	HMO	$2,000	$4,000	$0	$0
Plan 590	2013	HMO	$5,000	$15,000	$0	$0
Plan 591	2013	HMO	$2,000	$4,000	$0	$0
Plan 591	2014	HMO	$2,000	$4,000	$0	$0
Plan 592	2013	HMO	$1,000	$2,000	$0	$0
Plan 592	2014	HMO	$1,000	$2,000	$0	$0
Plan 593	2013	HMO	$2,000	$4,000	$0	$0
Plan 593	2014	HMO	$2,000	$4,000	$0	$0
Plan 594	2013	HMO	$2,000	$6,000	$0	$0
Plan 594	2014	HMO	$2,000	$6,000	$0	$0
Plan 595	2013	HMO	$1,000	$2,000	$0	$0
Plan 595	2014	HMO	$1,000	$2,000	$0	$0
Plan 596	2013	HMO	$1,000	$2,000	$0	$0
Plan 596	2014	HMO	$1,000	$2,000	$0	$0
Plan 597	2013	HMO	$1,000	$2,000	$0	$0
Plan 597	2014	HMO	$1,000	$2,000	$0	$0
Plan 598	2013	HMO	$2,000	$4,000	$0	$0
Plan 598	2014	HMO	$2,000	$4,000	$0	$0
Plan 599	2013	HMO	$2,000	$6,000	$0	$0
Plan 599	2014	HMO	$2,000	$6,000	$0	$0
Plan 600	2013	HMO	$2,000	$6,000	$0	$0
Plan 600	2014	HMO	$2,000	$6,000	$0	$0
Plan 601	2013	HMO	$2,000	$6,000	$0	$0
Plan 601	2014	HMO	$2,000	$6,000	$0	$0
Plan 602	2013	HMO	$2,000	$6,000	$0	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 602	2014	HMO	$2,000	$6,000	$0	$0
Plan 603	2013	HMO	$2,000	$6,000	$0	$0
Plan 603	2014	HMO	$2,000	$6,000	$0	$0
Plan 604	2013	HMO	$2,000	$6,000	$0	$0
Plan 604	2014	HMO	$2,000	$6,000	$0	$0
Plan 605	2013	HMO	$2,000	$6,000	$0	$0
Plan 605	2014	HMO	$2,000	$6,000	$0	$0
Plan 606	2013	HMO	$2,000	$4,000	$0	$0
Plan 606	2014	HMO	$2,000	$4,000	$0	$0
Plan 607	2013	HMO	$1,000	$2,000	$0	$0
Plan 607	2014	HMO	$1,000	$2,000	$0	$0
Plan 608	2013	HMO	$1,000	$2,000	$0	$0
Plan 608	2014	HMO	$1,000	$2,000	$0	$0
Plan 609	2013	HMO	$2,000	$4,000	$0	$0
Plan 609	2014	HMO	$2,000	$4,000	$0	$0
Plan 610	2013	HMO	$2,000	$4,000	$0	$0
Plan 610	2014	HMO	$2,000	$4,000	$0	$0
Plan 611	2013	HMO	$2,000	$4,000	$0	$0
Plan 611	2014	HMO	$2,000	$4,000	$0	$0
Plan 612	2013	HMO	$2,000	$4,000	$0	$0
Plan 612	2014	HMO	$2,000	$4,000	$0	$0
Plan 613	2013	HMO	$5,000	$15,000	$0	$0
Plan 613	2014	HMO	$5,000	$15,000	$0	$0
Plan 614	2013	HMO	$5,000	$15,000	$0	$0
Plan 614	2014	HMO	$5,000	$15,000	$0	$0
Plan 615	2013	HMO	$5,000	$15,000	$0	$0
Plan 615	2014	HMO	$5,000	$15,000	$0	$0
Plan 616	2013	HMO	$5,000	$15,000	$0	$0
Plan 616	2014	HMO	$5,000	$15,000	$0	$0
Plan 617	2013	HMO	$2,000	$4,000	$0	$0
Plan 617	2014	HMO	$2,000	$4,000	$0	$0
Plan 618	2013	HMO	$2,000	$6,000	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 618	2014	HMO	$2,000	$6,000	$0	$0
Plan 619	2013	HMO	$5,000	$15,000	$0	$0
Plan 619	2014	HMO	$5,000	$15,000	$0	$0
Plan 620	2013	HMO	$2,000	$4,000	$0	$0
Plan 620	2014	HMO	$2,000	$4,000	$0	$0
Plan 621	2013	HMO	$2,000	$4,000	$0	$0
Plan 621	2014	HMO	$2,000	$4,000	$0	$0
Plan 622	2013	HMO	$2,000	$4,000	$0	$0
Plan 622	2014	HMO	$2,000	$4,000	$0	$0
Plan 623	2013	HMO	$1,000	$2,000	$0	$0
Plan 623	2014	HMO	$1,000	$2,000	$0	$0
Plan 624	2013	HMO	$2,000	$6,000	$0	$0
Plan 624	2014	HMO	$2,000	$6,000	$0	$0
Plan 625	2013	HMO	$5,000	$15,000	$0	$0
Plan 625	2014	HMO	$5,000	$15,000	$0	$0
Plan 626	2013	HMO	$2,000	$6,000	$0	$0
Plan 626	2014	HMO	$2,000	$6,000	$0	$0
Plan 627	2013	HMO	$2,000	$4,000	$0	$0
Plan 628	2013	HMO	$2,000	$6,000	$0	$0
Plan 628	2014	HMO	$2,000	$6,000	$0	$0
Plan 629	2013	HMO	$2,000	$4,000	$0	$0
Plan 629	2014	HMO	$2,000	$4,000	$0	$0
Plan 630	2013	HMO	$5,000	$15,000	$0	$0
Plan 630	2014	HMO	$5,000	$15,000	$0	$0
Plan 631	2013	HMO	$2,000	$6,000	$0	$0
Plan 631	2014	HMO	$2,000	$6,000	$0	$0
Plan 632	2013	HMO	$2,000	$6,000	$0	$0
Plan 632	2014	HMO	$2,000	$6,000	$0	$0
Plan 633	2013	HMO	$2,000	$6,000	$0	$0
Plan 633	2014	HMO	$2,000	$6,000	$0	$0
Plan 634	2013	HMO	$2,000	$4,000	$0	$0
Plan 635	2013	HMO	$2,000	$4,000	$0	$0

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			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 636	2013	HMO	$2,000	$6,000	$0	$0
Plan 637	2013	HMO	$2,000	$4,000	$0	$0
Plan 638	2013	HMO	$2,000	$6,000	$0	$0
Plan 639	2013	HMO	$2,000	$6,000	$0	$0
Plan 640	2013	HMO	$2,000	$4,000	$0	$0
Plan 641	2013	HMO	$2,000	$6,000	$0	$0
Plan 642	2013	HMO	$2,000	$4,000	$0	$0
Plan 643	2013	HMO	$2,000	$6,000	$0	$0
Plan 644	2013	HMO	$2,000	$4,000	$0	$0
Plan 645	2013	HMO	$2,000	$6,000	$0	$0
Plan 646	2013	HMO	$2,000	$4,000	$0	$0
Plan 647	2013	HMO	$2,000	$6,000	$0	$0
Plan 648	2013	HMO	$2,000	$6,000	$0	$0
Plan 649	2013	HMO	$2,000	$6,000	$0	$0
Plan 649	2014	HMO	$2,000	$6,000	$0	$0
Plan 650	2013	HMO	$5,000	$15,000	$0	$0
Plan 650	2014	HMO	$5,000	$15,000	$0	$0
Plan 651	2013	HMO	$2,000	$6,000	$0	$0
Plan 651	2014	HMO	$2,000	$6,000	$0	$0
Plan 652	2013	HMO	$5,000	$15,000	$0	$0
Plan 652	2014	HMO	$5,000	$15,000	$0	$0
Plan 653	2013	HMO	$2,000	$6,000	$0	$0
Plan 653	2014	HMO	$2,000	$6,000	$0	$0
Plan 654	2013	HMO	$2,000	$6,000	$0	$0
Plan 654	2014	HMO	$2,000	$6,000	$0	$0
Plan 655	2013	HMO	$2,000	$4,000	$0	$0
Plan 655	2014	HMO	$2,000	$4,000	$0	$0
Plan 656	2013	HMO	$2,000	$4,000	$0	$0
Plan 656	2014	HMO	$2,000	$4,000	$0	$0
Plan 657	2013	HMO	$2,000	$4,000	$0	$0
Plan 657	2014	HMO	$2,000	$4,000	$0	$0
Plan 658	2013	HMO	$2,000	$6,000	$0	$0

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 658	2014	HMO	$2,000	$6,000	$0	$0
Plan 659	2013	HMO	$2,000	$6,000	$0	$0
Plan 659	2014	HMO	$2,000	$6,000	$0	$0
Plan 660	2013	HMO	$2,000	$4,000	$0	$0
Plan 660	2014	HMO	$2,000	$4,000	$0	$0
Plan 661	2013	HMO	$2,000	$4,000	$0	$0
Plan 661	2014	HMO	$2,000	$4,000	$0	$0
Plan 662	2013	HMO	$2,000	$6,000	$0	$0
Plan 662	2014	HMO	$2,000	$6,000	$0	$0
Plan 663	2013	HMO	$2,000	$4,000	$0	$0
Plan 663	2014	HMO	$2,000	$4,000	$0	$0
Plan 664	2013	HMO	$2,000	$4,000	$0	$0
Plan 664	2014	HMO	$2,000	$4,000	$0	$0
Plan 665	2013	HMO	$2,000	$4,000	$0	$0
Plan 665	2014	HMO	$2,000	$4,000	$0	$0
Plan 666	2013	HMO	$2,000	$4,000	$0	$0
Plan 666	2014	HMO	$2,000	$4,000	$0	$0
Plan 667	2013	HMO	$3,000	$6,000	$0	$0
Plan 667	2014	HMO	$3,000	$6,000	$0	$0
Plan 668	2013	PPO	$1,500	$4,500	$1,500	$4,500
Plan 668	2014	PPO	$1,500	$4,500	$1,500	$4,500
Plan 669	2013	PPO	$2,000	$6,000	$0	$0
Plan 669	2014	PPO	$2,000	$6,000	$0	$0
Plan 670	2013	PPO	$2,000	$6,000	$2,000	$6,000
Plan 670	2014	PPO	$2,000	$6,000	$2,000	$6,000
Plan 671	2013	PPO	$2,000	$4,000	$0	$0
Plan 671	2014	PPO	$2,000	$4,000	$0	$0
Plan 672	2013	PPO	$2,000	$4,000	$2,000	$4,000
Plan 672	2014	PPO	$2,000	$4,000	$2,000	$4,000
Plan 673	2013	PPO	$5,100	$0	$5,100	$0
Plan 673	2014	PPO	$5,100	$0	$5,100	$0
Plan 674	2013	PPO	$5,100	$0	$5,100	$0

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Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 674	2014	PPO	$5,100	$0	$5,100	$0
Plan 675	2013	PPO	$1,500	$4,500	$0	$0
Plan 676	2013	PPO	$1,500	$4,500	$0	$0
Plan 677	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 678	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 679	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 680	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 681	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 682	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 683	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 684	2013	PPO	$3,000	$9,000	$3,000	$9,000
Plan 685	2013	PPO	$1,500	$4,500	$0	$0
Plan 685	2014	PPO	$1,500	$4,500	$0	$0
Plan 686	2013	PPO	$1,000	$3,000	$0	$0
Plan 686	2014	PPO	$1,000	$3,000	$0	$0
Plan 687	2013	PPO	$2,000	$6,000	$0	$0
Plan 687	2014	PPO	$2,000	$6,000	$0	$0
Plan 688	2013	PPO	$1,500	$4,500	$0	$0
Plan 688	2014	PPO	$1,500	$4,500	$0	$0
Plan 689	2013	PPO	$1,000	$3,000	$0	$0
Plan 689	2014	PPO	$1,000	$3,000	$0	$0
Plan 690	2013	PPO	$1,000	$3,000	$0	$0
Plan 691	2013	PPO	$1,000	$3,000	$0	$0
Plan 692	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 693	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 694	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 695	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 696	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 697	2014	HMO	$600	$1,200	Not Covered	Not Covered
Plan 698	2014	HMO	$1,000	$2,000	Not Covered	Not Covered
Plan 699	2014	PPO	$2,100	$6,300	$10,100	$30,300
Plan 700	2014	PPO	$3,200	$9,600	$10,200	$30,600

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 701	2014	PPO	$6,000	$18,000	$11,000	$33,000
Plan 702	2014	PPO	$6,500	$13,000	$13,000	$26,000
Plan 703	2014	PPO	$6,500	$13,000	$13,000	$26,000
Plan 704	2013	HMO	$2,000	$4,000	$2,000	$4,000
Plan 705	2014	PPO	$5,000	$0	$0	$0
Plan 706	2013	PPO	$1,100	$0	$0	$0
Plan 706	2014	PPO	$1,100	$0	$0	$0
Plan 707	2013	PPO	$3,000	$0	$0	$0
Plan 707	2014	PPO	$3,000	$0	$0	$0
Plan 708	2014	PPO	$1,500	$4,500	Included In-Network	Included In-Network
Plan 709	2014	PPO	$2,750	$8,250	Included In-Network	Included In-Network
Plan 710	2014	PPO	$500	$1,500	$0	$0
Plan 711	2013	PPO	$5,500	$11,000	$5,500	$11,000
Plan 711	2014	PPO	$5,500	$11,000	$5,500	$11,000
Plan 712	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 712	2014	PPO	$5,000	$10,000	$5,000	$10,000
Plan 713	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 714	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 715	2013	PPO	$3,500	$10,500	$3,500	$10,500
Plan 716	2013	PPO	$0	$0	$0	$0
Plan 717	2013	PPO	$3,750	$7,500	$3,750	$7,500
Plan 718	2014	PPO	$2,500	$5,000	$2,500	$5,000
Plan 719	2014	PPO	$2,500	$5,000	$2,500	$5,000
Plan 720	2014	PPO	$5,000	$15,000	$5,000	$15,000
Plan 721	2014	PPO	$5,000	$15,000	$5,000	$15,000
Plan 722	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 723	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 724	2014	PPO	$2,000	$6,000	$2,000	$6,000
Plan 725	2014	PPO	$2,000	$6,000	$2,000	$6,000
Plan 726	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 727	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 728	2014	PPO	$5,000	$15,000	$5,000	$15,000

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 729	2014	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 730	2014	PPO	$1,000	$3,000	$1,000	$3,000
Plan 731	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 732	2014	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 733	2014	PPO	$3,750	$7,500	$3,750	$7,500
Plan 734	2014	PPO	$5,000	$15,000	$5,000	$15,000
Plan 735	2014	PPO	$1,000	$3,000	$1,000	$3,000
Plan 736	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 737	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 738	2014	TRAD	$2,000	$6,000	$2,000	$6,000
Plan 739	2014	TRAD	$5,000	$15,000	$5,000	$15,000
Plan 740	2014	PPO	$5,000	$10,000	$5,000	$10,000
Plan 741	2014	TRAD	$3,000	$0	$3,000	$0
Plan 742	2014	TRAD	$1,750	$0	$1,750	$0
Plan 743	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 744	2013	PPO	$1,000	$3,000	$1,000	$3,000
Plan 744	2014	PPO	$1,000	$3,000	$1,000	$3,000
Plan 745	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 745	2014	PPO	$5,000	$10,000	$5,000	$10,000
Plan 746	2013	PPO	$1,000	$3,000	$1,000	$3,000
Plan 746	2014	PPO	$1,000	$3,000	$1,000	$3,000
Plan 747	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 747	2014	PPO	$5,000	$10,000	$5,000	$10,000
Plan 748	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 749	2013	PPO	$2,000	$6,000	$2,000	$6,000
Plan 750	2013	PPO	$3,750	$7,500	$3,750	$7,500
Plan 751	2013	PPO	$2,500	$7,500	$2,500	$7,500
Plan 752	2013	PPO	$0	$0	$0	$0
Plan 753	2014	PPO	$3,000	$0	$3,000	$0
Plan 754	2014	PPO	$2,500	$7,500	$2,500	$7,500
Plan 755	2014	PPO	$2,000	$6,000	$2,000	$6,000
Plan 756	2014	PPO	$1,000	$3,000	$1,000	$3,000

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Health Plan Design Comparison — Out of-Pocket Maximums (Paid by Plan Participant)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Out-of-Pocket Max. (Per Plan Year)			
			In-Network		Out-of-Network	
			Individual	Family	Individual	Family
Plan 757	2014	PPO	$3,750	$7,500	$3,750	$7,500
Plan 758	2014	PPO	$5,000	$15,000	$5,000	$15,000
Plan 759	2014	PPO	$1,000	$3,000	$1,000	$3,000
Plan 760	2014	PPO	$5,000	$10,000	$5,000	$10,000
Plan 761	2013	PPO	$1,750	$0	$1,750	$0
Plan 761	2014	PPO	$1,750	$0	$1,750	$0
Plan 762	2013	PPO	$5,000	$10,000	$5,000	$10,000
Plan 762	2014	PPO	$5,000	$10,000	$5,000	$10,000
Plan 763	2013	PPO	$5,000	$15,000	$5,000	$15,000
Plan 763	2014	PPO	$5,000	$15,000	$5,000	$15,000
Plan 764	2013	PPO	$2,500	$5,000	$2,500	$5,000
Plan 764	2014	PPO	$2,500	$5,000	$2,500	$5,000
Plan 765	2013	PPO	$3,750	$7,500	$3,750	$7,500
Plan 766	2013	PPO	$1,500	$4,500	$1,500	$4,500
Plan 767	2013	PPO	$2,750	$8,250	$2,750	$8,250
Plan 768	2014	PPO	$4,000	$8,000	$8,000	$16,000
Plan 769	2014	PPO	$3,500	$7,000	$2	$2
Plan 770	2014	PPO	$3,500	$7,000	$2	$2
Plan 771	2014	PPO	$500	$1,500	$1,500	$4,500
Plan 772	2014	PPO	$1,750	$5,250	$2	$2
Plan 773	2014	PPO	$1,750	$5,250	$2	$2
Plan 774	2014	PPO	$1,500	$4,500	$2	$2
Plan 775	2014	PPO	$2,750	$8,250	$2	$2
Plan 776	2014	PPO	$5,000	$15,000	$10,000	$30,000
Plan 777	2014	PPO	$4,000	$12,000	$8,000	$24,000
Plan 778	2014	PPO	$7,500	$22,500	$15,000	$45,000
Plan 779	2014	PPO	$1,750	$5,250	$2	$2
Plan 780	2014	PPO	$1,750	$5,250	$2	$2

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Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 238	2013	PPO	$0	$10/20/40	31	$10/20/40	90	$10/20/40	31
Plan 245	2013	PPO	$250	0/30/45	31	0/60/90	90	0/30/45	31
Plan 268	2013	PPO	$0	$10/30/50	31	$10/30/50	90	$10/30/50	31
Plan 269	2013	PPO	$0	20%/20%/50%	30	20%/20%/50%	90	20%/20%/50%	30
Plan 269	2014	PPO	$0	20%/20%/50%	30	20%/20%/50%	90	20%/20%/50%	30
Plan 270	2013	PPO	$0	$15/$40/50%	30	$45/$120/50%	90	$15/$40/50%	30
Plan 270	2014	PPO	$0	$15/$40/50%	30	$45/$120/50%	90	$15/$40/50%	30
Plan 271	2013	PPO	$0	$15/$40/50%	30	$45/$120/50%	90	$15/$40/50%	30
Plan 271	2014	PPO	$0	$15/$40/50%	30	$45/$120/50%	90	$15/$40/50%	30
Plan 272	2013	PPO	$0	$15/$40/50%	30	$45/$120/50%	90	$15/$40/50%	30
Plan 272	2014	PPO	$0	$15/$40/50%	30	$45/$120/50%	90	$15/$40/50%	30
Plan 273	2013	HMO	$0	$20/$40/Not covered	30	$40/$80/Not covered	90	$20/$40/Not covered	30
Plan 273	2014	HMO	$0	$20/$40/Not covered	30	$40/$80/Not covered	90	$20/$40/Not covered	30
Plan 274	2013	HMO	$0	$10/$20/Not covered	30	$20/$40/Not covered	90	$10/$20/Not covered	30
Plan 275	2013	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 275	2014	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 276	2013	HMO	$0	$20/$40/Not covered	30	$40/$80/Not covered	90	$20/$40/Not covered	30
Plan 276	2014	HMO	$0	$20/$40/Not covered	30	$40/$80/Not covered	90	$20/$40/Not covered	30
Plan 277	2013	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 278	2013	PPO	$500	0/30%/30%	30	0/25%/25%	90	30%	30
Plan 278	2014	PPO	$500	0/30%/30%	30	0/25%/25%	90	30%	30
Plan 279	2013	PPO	$250	0/30/45	30	0/75/112	90	30%	30
Plan 279	2014	PPO	$250	0/30/45	30	0/75/112	90	30%	30
Plan 280	2013	PPO	$500	0/30/45	30	0/75/112	90	30%	30
Plan 280	2014	PPO	$500	0/30/45	30	0/75/112	90	30%	30
Plan 281	2013	Closed Network	$0	$10/$20	30	$30/$60	90	$10/$20	30
Plan 281	2014	Closed Network	$0	$10/$20	30	$30/$60	90	$10/$20	30
Plan 282	2013	Closed Network	$0	$10/$50/50%	30	$30/$150/50%	90	$10/$50/50%	30
Plan 282	2014	Closed Network	$0	$10/$50/50%	30	$30/$150/50%	90	$10/$50/50%	30
Plan 283	2013	Closed Network	$0	$10/$40	30	$30/$120	90	$10/$40	30
Plan 283	2013	Closed Network	$0	$10/$40	30	$30/$120	90	$10/$40	30
Plan 283	2014	Closed Network	$0	$10/$40	30	$30/$120	90	$10/$40	30
Plan 285	2013	Closed Network	$250	$15/$45	30	$45/$135	90	$15/$45	30
Plan 285	2013	Closed Network	$250	$15/$45	30	$45/$135	90	$15/$45	30
Plan 285	2014	Closed Network	$0	$10/$50/50%	30	$30/$150/50%	90	$10/$50/50%	30
Plan 286	2013	HMO	$0	$5/$20/$40/50%coins	30	$10/$40/$80/50%coins	90	50%	30
Plan 287	2013	HMO	$0	$5/$20/$40/50%coins	30	$10/$40/$80/50%coins	90	50%	30
Plan 288	2013	HMO	$0	$5/$20/$40/50%coins	30	$10/$40/$80/50%coins	90	50%	30
Plan 289	2013	PPO	Major med Rx	Major med Rx	30	Major med Rx	90	20%	30
Plan 289	2014	PPO	Major med Rx	Major med Rx	30	Major med Rx	90	20%	30
Plan 292	2013	HMO	$0	$10/$10/Not covered	30	$20/$20/Not covered	90	$10/$10/Not covered	30
Plan 293	2013	HMO	$0	$10/$20/Not covered	30	$20/$40/Not covered	90	$10/$20/Not covered	30
Plan 294	2013	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 298	2013	HMO	$0	$20/$40/Not covered	30	$40/$80/Not covered	90	$20/$40/Not covered	30
Plan 300	2013	HMO	$0	$15/$15/Not covered	30	$30/$30/Not covered	90	$15/$15/Not covered	30
Plan 301	2013	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 301	2014	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 302	2013	HMO	$0	$15/$30/$50	30	$30/$60/$100	90	$15/$30/$50	30
Plan 302	2014	HMO	$0	$15/$30/$50	30	$30/$60/$100	90	$15/$30/$50	30

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Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 303	2013	HMO	$0	$10/$20/Not covered	30	$20/$40/Not covered	90	$10/$20/Not covered	30
Plan 304	2013	HMO	$0	$15/$15/Not covered	30	$30/$30/Not covered	90	$15/$15/Not covered	30
Plan 305	2013	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 306	2013	HMO	$0	$20/$40/Not covered	30	$40/$80/Not covered	90	$20/$40/Not covered	30
Plan 308	2013	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 308	2014	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 310	2013	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 311	2013	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 315	2013	PPO	$0	$10/30	30	20/60	90	$10/30	30
Plan 315	2014	PPO	$0	$10/30	30	20/60	90	$10/30	30
Plan 316	2013	PPO	$0	Major med rx	30	Major med Rx	90	20%	30
Plan 317	2013	PPO	$0	$10/$20/$40	30	$10/$20/$40	90	$10/$20/$40	30
Plan 318	2013	PPO	$0	$10/30	30	20/60	90	$10/30	30
Plan 318	2014	PPO	$0	$10/30	30	20/60	90	$10/30	30
Plan 319	2013	PPO	$0	$10/30	30	20/60	90	$10/30	30
Plan 320	2013	PPO	$0	15/30	30	30/60	90	15/30	30
Plan 320	2014	PPO	$0	15/30	30	30/60	90	15/30	30
Plan 321	2013	PPO	$0	$10/30	30	20/60	90	$10/30	30
Plan 322	2013	PPO	$0	15/30	30	30/60	90	15/30	30
Plan 322	2014	PPO	$0	15/30	30	30/60	90	15/30	30
Plan 324	2013	PPO	$0	$10/$25/50%(Min $35)	30	$10/$25/50%(Min $35)	30	Not Covered	0
Plan 324	2014	PPO	$0	$10/$25/50%(Min $35)	30	$10/$25/50%(Min $35)	30	Not Covered	0
Plan 325	2013	PPO	$150 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 325	2014	PPO	$150 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 326	2013	PPO	$0	$5/$15/50%(Min $35)	30	$5/$15/50%(Min $35)	30	Not Covered	0
Plan 326	2014	PPO	$0	$5/$15/50%(Min $35)	30	$5/$15/50%(Min $35)	30	Not Covered	0
Plan 327	2013	PPO	$250 per enrollee	$10/$25/$45	30	$10/$25/$45	30	Not Covered	0
Plan 327	2014	PPO	$250 per enrollee	$10/$25/$45	30	$10/$25/$45	30	Not Covered	0
Plan 328	2013	PPO	$0	$10/$25/50%(Min $35)	30	$10/$25/50%(Min $35)	30	Not Covered	0
Plan 332	2013	PPO	$0	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 332	2014	PPO	$0	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 334	2013	PPO	$150 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 334	2014	PPO	$150 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 335	2013	PPO	$250 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 335	2014	PPO	$250 per enrollee	$7/$30/50%(Min $50)	30	$7/$30/50%(Min $50)	30	Not Covered	0
Plan 336	2013	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 336	2014	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 337	2013	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 337	2014	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 338	2013	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 338	2014	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 339	2013	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 339	2014	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 340	2013	PPO	$100 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 340	2014	PPO	$100 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 341	2013	PPO	$100 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 341	2014	PPO	$100 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 342	2013	PPO	$200 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 342	2014	PPO	$200 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0

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Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 343	2013	PPO	$200 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 343	2014	PPO	$200 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 344	2013	PPO	$0	$10/$30/50%(Max $100)	30	$10/$30/50%(Max $100)	30	Not Covered	0
Plan 344	2014	PPO	$0	$10/$30/50%(Max $100)	30	$10/$30/50%(Max $100)	30	Not Covered	0
Plan 345	2013	PPO	$0	$15/$25/$50	30	$15/$25/$50	30	Not Covered	0
Plan 345	2014	PPO	$0	$15/$25/$50	30	$15/$25/$50	30	Not Covered	0
Plan 346	2013	PPO	$0	15%	30	15%	90	15%	30
Plan 347	2013	PPO	$100	5%/10%/30%	30	5%/10%/30%	90	$150	30
Plan 348	2013	PPO	$0	$10/15/30	34	$10/15/30	100	$10/15/30	30
Plan 349	2013	PPO	$0	$10/20/35	34	$10/20/35	100	$10/20/35	30
Plan 350	2013	PPO	$0	15/25/40	34	15/25/40	100	15/25/40	30
Plan 351	2013	PPO	$0	$10/15/30	30	$10/30/60	90	$10/15/30	30
Plan 352	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 352	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 353	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 354	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 355	2013	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 355	2014	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 356	2013	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 356	2014	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 357	2013	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 358	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 359	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 360	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 361	2013	PPO	$3,750	20%	30	20%	90	0%	0
Plan 362	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 362	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 363	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 363	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 364	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 365	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 366	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 367	2013	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 367	2014	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 368	2013	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 368	2014	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 369	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 370	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 370	2014	PPO	$0	20%	30	20%	90	0%	0
Plan 374	2013	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 378	2013	PPO	$0	$10/$20/$40	30	$20/$40/$80	90	0%	0
Plan 380	2013	TRAD	$0	$10/$20/$40	30	$20/$40/$80	90	0%	0
Plan 381	2013	PPO	$0	$10/$20/$40	30	$20/$40/$80	90	0%	0
Plan 383	2013	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 384	2013	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 385	2013	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 386	2013	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 391	2013	PPO	$0	$5/$20/$40	34	$10/$40/$80	90	0%	0
Plan 392	2013	PPO	$0	$5/$20/$40	34	$10/$40/$80	90	0%	0

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Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 393	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 397	2013	TRAD	$0	$15/$35/$55	30	$30/$70/$110	90	0%	0
Plan 398	2013	TRAD	$0	$15/$35/$55	34	$30/$70/$110	90	0%	0
Plan 399	2013	TRAD	$0	$15/$35/$55	34	$30/$70/$110	90	0%	0
Plan 400	2013	PPO	$0	$0/$0/$0	34	$0/$0/$0	90	0%	0
Plan 401	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 401	2014	PPO	$0	20%	30	20%	90	0%	0
Plan 402	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 403	2013	PPO	$0	$10/$20/$40	30	$20/$40/$80	90	0%	0
Plan 404	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 405	2013	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 406	2013	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 407	2013	PPO	$1,500	20%	30	20%	90	0%	0
Plan 408	2013	PPO	$1,500	20%	30	20%	90	0%	0
Plan 409	2014	PPO	$0	$10/$25/$50	30	$20/$50/$100	90	n/a	0
Plan 410	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	n/a	0
Plan 411	2014	PPO	$0	$10/$25/$50	30	$20/$50/$100	90	n/a	0
Plan 412	2014	PPO	$0	$10/$20/$40	30	$20/$40/$80	90	n/a	0
Plan 413	2014	PPO	$0	$15/$25/$40	30	$30/$50/$80	90	n/a	0
Plan 414	2013	PPO	$0	$10/$25/$40	30	$30/$50/$80	90	n/a	0
Plan 414	2014	PPO	$0	$10/$25/$40	30	$30/$50/$80	90	n/a	0
Plan 415	2013	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	n/a	0
Plan 415	2014	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	n/a	0
Plan 416	2013	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	n/a	0
Plan 416	2014	PPO	$0	$15/$30/$50	30	$30/$60/$100	90	n/a	0
Plan 417	2013	PPO	$0	$10/$15/$30	30	$20/$30/$60	90	n/a	0
Plan 417	2014	PPO	$0	$10/$15/$30	30	$20/$30/$60	90	n/a	0
Plan 418	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 418	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 419	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 419	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 420	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 420	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 421	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 421	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 422	2013	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 422	2014	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 423	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 423	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 424	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 424	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 425	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 425	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 426	2013	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 426	2014	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 427	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 427	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 428	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 428	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30

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Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 429	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 430	2013	HMO	$0	$15	30	$15	30	$15	30
Plan 430	2014	HMO	$0	$15	30	$15	30	$15	30
Plan 431	2013	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 431	2014	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 432	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 432	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 433	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 433	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 434	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 434	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 435	2013	HMO	$0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 435	2014	HMO	$0	$15/$30/$50	30	$15/$30/$50	30	$15/$30/$50	30
Plan 436	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 436	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 437	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 437	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 438	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 438	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 439	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 439	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 440	2013	HMO	$0	$10	30	$10	30	$10	30
Plan 440	2014	HMO	$0	$10	30	$10	30	$10	30
Plan 441	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 441	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 442	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 442	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 443	2013	HMO	$0	$15	30	$15	30	$15	30
Plan 443	2014	HMO	$0	$15	30	$15	30	$15	30
Plan 444	2013	HMO	$0	$10	30	$10	30	$10	30
Plan 444	2014	HMO	$0	$10	30	$10	30	$10	30
Plan 445	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 445	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 446	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 446	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 447	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 447	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 448	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 448	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 449	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 449	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 450	2013	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 450	2014	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 451	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 451	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 452	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 452	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 453	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 453	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30

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Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 454	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 454	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 455	2013	HMO	$0	$10	30	$10	30	$10	30
Plan 455	2014	HMO	$0	$10	30	$10	30	$10	30
Plan 456	2013	HMO	$0	$20/$40	30	$20/40	30	$20/40	30
Plan 456	2014	HMO	$0	$20/$40	30	$20/40	30	$20/40	30
Plan 457	2013	HMO	$0	$10/20	30	$10/20	30	$10/20	30
Plan 458	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 458	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 459	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 459	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 460	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 460	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 461	2013	HMO	$0	$10	30	$10	30	$10	30
Plan 461	2014	HMO	$0	$10	30	$10	30	$10	30
Plan 462	2013	HMO	$0	$20	30	$20	30	$20	30
Plan 462	2014	HMO	$0	$20	30	$20	30	$20	30
Plan 463	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 463	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 464	2013	HMO	$0	$10	30	$10	30	$10	30
Plan 464	2014	HMO	$0	$10	30	$10	30	$10	30
Plan 465	2013	HMO	$0	$5 copay	30	$5 copay	30	$5 copay	30
Plan 465	2014	HMO	$0	$5 copay	30	$5 copay	30	$5 copay	30
Plan 466	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 466	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 467	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 467	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 468	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 468	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 469	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 469	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 470	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 470	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 471	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 471	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 472	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 472	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 473	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 473	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 474	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 474	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 475	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 475	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 476	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 476	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 477	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 477	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 478	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 478	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30

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For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 479	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 479	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 480	2013	PPO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 480	2014	PPO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 481	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 481	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 482	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 482	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 483	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 483	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 484	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 484	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 485	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 485	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 486	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 486	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 487	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 487	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 488	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 488	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 489	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 489	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 490	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 490	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 491	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 491	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 492	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 492	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 493	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 493	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 494	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 494	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 495	2013	HMO	$0	$10/20	30	$10/20	30	$10/20	30
Plan 495	2014	HMO	$0	$10/20	30	$10/20	30	$10/20	30
Plan 496	2013	HMO	$0	$10/20	30	$10/20	30	$10/20	30
Plan 496	2014	HMO	$0	$10/20	30	$10/20	30	$10/20	30
Plan 497	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 497	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 498	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 498	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 499	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 499	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 500	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 500	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 501	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 501	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 502	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 502	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 503	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 503	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 504	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 504	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 505	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 505	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 506	2013	HMO	$0	$10/$30/$50	30	$10/$30/$50	30	$10/$30/$50	30
Plan 506	2014	HMO	$0	$10/$30/$50	30	$10/$30/$50	30	$10/$30/$50	30
Plan 507	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 507	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 508	2013	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 508	2014	HMO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 509	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 509	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 510	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 510	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 511	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 511	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 512	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 512	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 513	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 514	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 515	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 516	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 517	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 518	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 519	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 519	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 520	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 520	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 521	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 521	2014	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 522	2013	HMO	$0	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30
Plan 522	2014	HMO	$0	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30
Plan 523	2013	HMO	$0	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30
Plan 523	2014	HMO	$0	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30
Plan 524	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 524	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 525	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 525	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 526	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 526	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 527	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 527	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 528	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 528	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 529	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 529	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 530	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 530	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 531	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 531	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 532	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 532	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 533	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 533	2014	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 534	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 534	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 535	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 535	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 536	2013	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 536	2014	HMO	$0	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30	$15/$30/$50 copay, deductible applies. Certain preventive medications (determined by GHO) are covered in full.	30
Plan 537	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 538	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 539	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 540	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 541	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 542	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 543	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 544	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 545	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 546	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 547	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 548	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 549	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 550	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 551	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 552	2013	HMO	$0	$15/$30/$50 copay	30	$15/$30/$50 copay	30	$15/$30/$50 copay	30
Plan 553	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 553	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 554	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 554	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 555	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 556	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 557	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 558	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 559	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 559	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 560	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 560	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 561	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30

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Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 561	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 562	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 562	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 563	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 563	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 564	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 564	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 565	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 565	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 566	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 566	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 567	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 567	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 568	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 568	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 569	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 569	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 570	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 570	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 571	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 571	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 572	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 572	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 573	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 573	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 574	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 574	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 575	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 575	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 576	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 576	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 577	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 578	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 579	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 579	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 580	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 580	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 581	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 581	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 582	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 582	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 583	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 583	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 584	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 584	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 585	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 585	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 586	2013	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 586	2014	HMO	$0	$10/$20	30	$10/$20	30	$10/$20	30

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 587	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 587	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 588	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 588	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 589	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 589	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 590	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 591	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 591	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 592	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 592	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 593	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 593	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 594	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 594	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 595	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 595	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 596	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 596	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 597	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 597	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 598	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 598	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 599	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 599	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 600	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 600	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 601	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 601	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 602	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 602	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 603	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 603	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 604	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 604	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 605	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 605	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 606	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 606	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 607	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 607	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 608	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 608	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 609	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 609	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 610	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 610	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 611	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 611	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 612	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 612	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 613	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 613	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 614	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 614	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 615	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 615	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 616	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 616	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 617	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 617	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 618	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 618	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 619	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 619	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 620	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 620	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 621	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 621	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 622	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 622	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 623	2013	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 623	2014	HMO	$0	$10/$20/$40	30	$10/$20/$40	30	$10/$20/$40	30
Plan 624	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 624	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 625	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 625	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 626	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 626	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 627	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 628	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 628	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 629	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 629	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 630	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 630	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 631	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 631	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 632	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 632	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 633	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 633	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 634	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 635	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 636	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 637	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 638	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 639	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 640	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 641	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 642	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 643	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 644	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 645	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 646	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 647	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 648	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 649	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 649	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 650	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 650	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 651	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 651	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 652	2013	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 652	2014	HMO	$0	$20/$40/$60	30	$20/$40/$60	30	$20/$40/$60	30
Plan 653	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 653	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 654	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 654	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 655	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 655	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 656	2013	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 656	2014	HMO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 657	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 657	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 658	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 658	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 659	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 659	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 660	2013	HMO	$0	$10	30	$10	30	$10	30
Plan 660	2014	HMO	$0	$10	30	$10	30	$10	30
Plan 661	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 661	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 662	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 662	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 663	2013	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 663	2014	HMO	$0	$10/$30	30	$10/$30	30	$10/$30	30
Plan 664	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 664	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 665	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 665	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 666	2013	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 666	2014	HMO	$0	$15/$30	30	$15/$30	30	$15/$30	30
Plan 667	2013	HMO	$0	$25/$50	30	$25/$50	30	$25/$50	30
Plan 667	2014	HMO	$0	$25/$50	30	$25/$50	30	$25/$50	30
Plan 668	2013	PPO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30
Plan 668	2014	PPO	$0	$15/$25/$45	30	$15/$25/$45	30	$15/$25/$45	30

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Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail		Mail-Order		Speciality Drugs	
				Cost Share	Days Supply	Cost Share	Days Supply	Cost Share	Days Supply
Plan 669	2013	PPO	$0	$4/$8/$25	30	$4/$8/$25	30	$4/$8/$25	30
Plan 669	2014	PPO	$0	$4/$8/$25	30	$4/$8/$25	30	$4/$8/$25	30
Plan 670	2013	PPO	$0	$4/$8/$25/$50	30	$4/$8/$25/$50	30	$4/$8/$25/$50	30
Plan 670	2014	PPO	$0	$4/$8/$25/$50	30	$4/$8/$25/$50	30	$4/$8/$25/$50	30
Plan 671	2013	PPO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 671	2014	PPO	$0	$10/$20	30	$10/$20	30	$10/$20	30
Plan 672	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 672	2014	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 673	2013	PPO	$0	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30
Plan 673	2014	PPO	$0	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30
Plan 674	2013	PPO	$0	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30
Plan 674	2014	PPO	$0	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30	$15/$30/$50 copay, deductible applies	30
Plan 675	2013	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 676	2013	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 677	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 678	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 679	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 680	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 681	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 682	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 683	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 684	2013	PPO	$0	$20/$40	30	$20/$40	30	$20/$40	30
Plan 685	2013	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 685	2014	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 686	2013	PPO	$0	$10/$25/$50 copay	30	$10/$25/$50 copay	30	$10/$25/$50 copay	30
Plan 686	2014	PPO	$0	$10/$25/$50 copay	30	$10/$25/$50 copay	30	$10/$25/$50 copay	30
Plan 687	2013	PPO	$0	$10/$25/$50 copay	30	$10/$25/$50 copay	30	$10/$25/$50 copay	30
Plan 687	2014	PPO	$0	$10/$25/$50 copay	30	$10/$25/$50 copay	30	$10/$25/$50 copay	30
Plan 688	2013	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 688	2014	PPO	$0	$10/$25/$50	30	$10/$25/$50	30	$10/$25/$50	30
Plan 689	2013	PPO	$0	$10/$25/$50 copay	30	$10/$25/$50 copay	30	$10/$25/$50 copay	30
Plan 689	2014	PPO	$0	$10/$25/$50 copay	30	$10/$25/$50 copay	30	$10/$25/$50 copay	30
Plan 690	2013	PPO	$0	$10/$25/$50 copay	30	$10/$25/$50 copay	30	$10/$25/$50 copay	30
Plan 691	2013	PPO	$0	$10/$25/$50 copay	30	$10/$25/$50 copay	30	$10/$25/$50 copay	30
Plan 692	2014	HMO	$0	$10/$20/Not covered	30	$20/$40/Not covered	90	$10/$20/Not covered	30
Plan 693	2014	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 694	2014	HMO	$0	$20/$40/Not covered	30	$40/$80/Not covered	90	$20/$40/Not covered	30
Plan 695	2014	HMO	$0	$10/$20/Not covered	30	$20/$40/Not covered	90	$10/$20/Not covered	30
Plan 696	2014	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 697	2014	HMO	$0	$20/$40/Not covered	30	$40/$80/Not covered	90	$20/$40/Not covered	30
Plan 698	2014	HMO	$0	$15/$30/Not covered	30	$30/$60/Not covered	90	$15/$30/Not covered	30
Plan 699	2014	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 700	2014	PPO	$0	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 701	2014	PPO	$200 per enrollee	$5/$30/$50	30	$5/$30/$50	30	Not Covered	0
Plan 702	2014	PPO	Subj to med ded/oop max	80%	30	80%	30	Not Covered	0
Plan 703	2014	PPO	Subj to med ded/oop max	80%	30	80%	30	Not Covered	0
Plan 704	2013	HMO	$0	$15/$30	30	$30/$60	90	$30	30
Plan 705	2014	PPO	$300	15/30/50	30	30/60/100	90	15/30/50	30
Plan 706	2013	PPO	$0	$10/30	30	20/60	90	$10/30	30

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 706	2014	PPO	$0	$10/30	30	20/60	90	$10/30	30
Plan 707	2013	PPO	$0	15/30	30	30/60	90	15/30	30
Plan 707	2014	PPO	$0	15/30	30	30/60	90	15/30	30
Plan 708	2014	PPO	$0	$10/20/35	34	$10/20/35	100	$10/20/35	30
Plan 709	2014	PPO	$0	15/25/40	34	15/25/40	100	15/25/40	30
Plan 710	2014	PPO	$0	$10/15/30	30	$10/30/60	90	$10/15/30	30
Plan 711	2013	PPO	$0	20%/20%/50%	30	20%/20%/50%	90	20%/20%/50%	30
Plan 711	2014	PPO	$0	20%/20%/50%	30	20%/20%/50%	90	20%/20%/50%	30
Plan 712	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 712	2014	PPO	$0	20%	30	20%	90	0%	0
Plan 713	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 714	2013	PPO	$0	$10/$35/$50	30	$20/$70/$100	90	0%	0
Plan 715	2013	PPO	$0	$10/$35/$50	30	$20/$70/$100	90	0%	0
Plan 716	2013	PPO	$0	0%	0	0%	0	0%	0
Plan 717	2013	PPO	$3,750	20%	30	20%	90	0%	0
Plan 718	2014	PPO	$1,500	20%	30	20%	90	0%	0
Plan 719	2014	PPO	$1,500	20%	30	20%	90	0%	0
Plan 720	2014	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 721	2014	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 722	2014	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 723	2014	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 724	2014	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 725	2014	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 726	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 727	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 728	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 729	2014	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 730	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 731	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 732	2014	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 733	2014	PPO	$3,750	20%	30	20%	90	0%	0
Plan 734	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 735	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 736	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 737	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 738	2014	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 739	2014	TRAD	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 740	2014	PPO	$0	20%	30	20%	90	0%	0
Plan 741	2014	TRAD	$0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 742	2014	TRAD	$0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 743	2014	PPO	$0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 744	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 744	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 745	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 745	2014	PPO	$0	20%	30	20%	90	0%	0
Plan 746	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 746	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 747	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 747	2014	PPO	$0	20%	30	20%	90	0%	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A5g
Health Plan Design Comparison — Prescription Drugs (At Participating Pharmacies)
For All Plans in Calendar Year 2013

Health Plan	Plan Year Ending	Plan Type	Deductible (Plan Year)	Retail Cost Share	Retail Days Supply	Mail-Order Cost Share	Mail-Order Days Supply	Speciality Drugs Cost Share	Speciality Drugs Days Supply
Plan 748	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 749	2013	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 750	2013	PPO	$3,750	20%	30	20%	90	0%	0
Plan 751	2013	PPO	$0	$10/$35/$50	30	$20/$70/$100	90	0%	0
Plan 752	2013	PPO	$0	0%	0	0%	0	0%	0
Plan 753	2014	PPO	$0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 754	2014	PPO	$0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 755	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 756	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 757	2014	PPO	$3,750	20%	30	20%	90	0%	0
Plan 758	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 759	2014	PPO	$0	$5/$20/$40	30	$10/$40/$80	90	0%	0
Plan 760	2014	PPO	$0	20%	30	20%	90	0%	0
Plan 761	2013	PPO	$0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 761	2014	PPO	$0	$15/$35/$75	34	$30/$70/$150	90	0%	0
Plan 762	2013	PPO	$0	20%	30	20%	90	0%	0
Plan 762	2014	PPO	$0	20%	30	20%	90	0%	0
Plan 763	2013	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 763	2014	PPO	$0	$5/$25/$50	30	$10/$50/$100	90	0%	0
Plan 764	2013	PPO	$1,500	20%	30	20%	90	0%	0
Plan 764	2014	PPO	$1,500	20%	30	20%	90	0%	0
Plan 765	2013	PPO	$3,750	20%	30	20%	90	0%	0
Plan 766	2013	PPO	$0	$10/20/40	31	$10/20/40	90	$10/20/40	31
Plan 767	2013	PPO	$0	$10/20/40	31	$10/20/40	90	$10/20/40	31
Plan 768	2014	PPO	$0	15/25/40	31	30/50/80	90	15/25/40	31
Plan 769	2014	PPO	$0	10/35/60	31	20/70/120	90	10/35/60	31
Plan 770	2014	PPO	$0	10/35/60	31	20/70/120	90	10/35/60	31
Plan 771	2014	PPO	$0	$10/15/30	31	$10/30/60	90	$10/15/30	31
Plan 772	2014	PPO	$0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 773	2014	PPO	$0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 774	2014	PPO	$0	$10/20/35	31	$10/25/35	90	$10/20/35	31
Plan 775	2014	PPO	$0	15/25/40	31	15/25/40	90	15/25/40	31
Plan 776	2014	PPO	$500	0/30%/30%	31	0/25%/25%	90	0/30%/30%	31
Plan 777	2014	PPO	$250	0/30/45	31	0/75/112	90	0/30/45	31
Plan 778	2014	PPO	$500	0/30/45	31	0/75/112	90	0/30/45	31
Plan 779	2014	PPO	$0	$5/20/40	31	10/40/80	90	$5/20/40	31
Plan 780	2014	PPO	$0	$5/20/40	31	10/40/80	90	$5/20/40	31

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Aberdeen School District	472	775	$3,666,596	$647.35	$394.26
Adna School District	36	79	$237,218	$549.12	$250.23
Almira School District	21	50	$245,187	$972.96	$408.64
Anacortes School District	235	235	$1,802,388	$639.14	$639.14
Arlington School District	468	468	$3,063,819	$545.55	$545.55
Asotin-Anatone School District	70	70	$332,300	$395.59	$395.59
Auburn School District	1,417	1,417	$15,082,915	$887.02	$887.02
Bainbridge Island School District	363	542	$4,468,900	$1,025.92	$687.10
Battle Ground School District	1,147	1,147	$13,029,971	$946.67	$946.67
Bellevue School District	2,004	3,895	$19,579,271	$814.17	$418.90
Bellingham School District	1,106	1,106	$11,146,276	$839.83	$839.83
Benge School District	0	0	$36,513	n/a	n/a
Bethel School District	1,520	1,520	$15,630,082	$856.91	$856.91
Bickleton School District	12	23	$269,262	$1,869.87	$975.59
Blaine School District	228	228	$2,354,905	$860.71	$860.71
Boistfort School District	17	17	$95,489	$468.08	$468.08
Bremerton School District	433	433	$4,352,773	$837.72	$837.72
Brewster School District	106	180	$999,854	$786.05	$462.90
Bridgeport School District	95	180	$592,305	$519.57	$274.22
Brinnon School District	10	16	$86,968	$724.73	$452.96
Burlington-Edison School District	414	414	$4,422,959	$890.29	$890.29
Camas School District	610	1,352	$6,302,000	$860.93	$388.44
Cape Flattery School District	84	84	$482,455	$478.63	$478.63
Carbonado School District	20	33	$118,409	$493.37	$299.01
Cascade School District	127	127	$1,204,229	$790.18	$790.18
Cashmere School District	131	131	$1,779,655	$1,132.10	$1,132.10
Castle Rock School District	138	246	$985,246	$594.96	$333.76
Centerville School District	9	9	$150,821	$1,396.49	$1,396.49
Central Kitsap School District	1,048	1,048	$10,553,312	$839.16	$839.16
Central Valley School District	1,337	1,337	$13,134,793	$818.67	$818.67
Centralia School District	369	702	$3,820,643	$862.84	$453.54
Chehalis School District	298	298	$1,956,477	$547.11	$547.11

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Cheney School District	441	441	$3,913,144	$739.45	$739.45
Chewelah School District	94	186	$857,636	$760.32	$384.25
Chimacum School District	123	177	$805,524	$545.75	$379.25
Clarkston School District	287	287	$2,870,123	$833.37	$833.37
Cle Elum-Roslyn School District	97	200	$1,098,308	$943.56	$457.63
Clover Park School District	1,263	2,139	$23,334,030	$1,539.59	$909.07
Colfax School District	61	125	$620,596	$847.81	$413.73
College Place School District	103	202	$934,313	$755.92	$385.44
Colton School District	22	22	$166,537	$630.82	$630.82
Columbia (Stevens) School District	29	46	$268,217	$770.74	$485.90
Columbia (Walla Walla) School District	90	90	$1,012,185	$937.21	$937.21
Colville School District	185	368	$1,177,378	$530.35	$266.62
Concrete School District	61	94	$569,415	$777.89	$504.80
Conway School District	45	45	$338,898	$627.59	$627.59
Cosmopolis School District	14	14	$102,301	$608.94	$608.94
Coulee-Hartline School District	31	76	$377,664	$1,015.23	$414.11
Coupeville School District	91	91	$927,588	$849.44	$849.44
Crescent School District	35	64	$348,841	$830.57	$454.22
Creston School District	26	48	$167,852	$537.99	$291.41
Curlew School District	27	27	$291,131	$898.55	$898.55
Cusick School District	44	44	$454,367	$860.54	$860.54
Damman School District	4	12	$33,208	$691.83	$230.61
Darrington School District	52	52	$452,959	$725.90	$725.90
Davenport School District	62	62	$479,030	$643.86	$643.86
Dayton School District	53	53	$438,897	$690.09	$690.09
Deer Park School District	232	472	$2,252,807	$809.20	$397.74
Dieringer School District	138	138	$817,533	$493.68	$493.68
Dixie School District	7	7	$70,923	$844.33	$844.33
East Valley School District (Spokane)	436	696	$3,050,949	$583.13	$365.30
East Valley School District (Yakima)	289	538	$2,185,420	$630.17	$338.51
Eastmont School District	554	1,106	$5,716,181	$859.83	$430.69
Easton School District	21	21	$229,200	$909.52	$909.52

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Eatonville School District	186	359	$1,492,389	$668.63	$346.42
Edmonds School District	1,897	1,897	$13,715,933	$602.53	$602.53
Ellensburg School District	318	318	$2,243,886	$588.02	$588.02
Elma School District	182	296	$1,747,275	$800.03	$491.91
Endicott School District	24	24	$195,957	$680.41	$680.41
Entiat School District	42	101	$444,423	$881.79	$366.69
Enumclaw School District	407	407	$4,074,557	$834.27	$834.27
Ephrata School District	239	539	$2,252,822	$785.50	$348.30
Evaline School District	0	0	$30,541	n/a	n/a
Everett School District	1,577	3,658	$17,828,886	$942.13	$406.16
Evergreen School District (Clark)	2,287	2,287	$23,544,398	$857.91	$857.91
Evergreen School District (Stevens)	6	9	$21,131	$293.48	$195.66
Federal Way School District	2,208	2,208	$21,183,620	$799.50	$799.50
Ferndale School District	470	919	$4,747,921	$841.83	$430.53
Fife School District	316	316	$3,377,375	$890.66	$890.66
Finley School District	103	185	$970,019	$784.80	$436.95
Franklin Pierce School District	809	809	$5,258,300	$541.65	$541.65
Freeman School District	92	165	$891,978	$807.95	$450.49
Garfield School District	24	24	$204,770	$711.01	$711.01
Glenwood School District	20	20	$182,196	$759.15	$759.15
Goldendale School District	97	97	$1,190,790	$1,023.02	$1,023.02
Grand Coulee Dam School District	105	203	$983,069	$780.21	$403.56
Grandview School District	359	721	$3,887,179	$902.32	$449.28
Granger School District	178	396	$1,551,390	$726.31	$326.47
Granite Falls School District	171	344	$1,321,896	$644.20	$320.23
Grapeview School District	22	38	$227,937	$863.40	$499.86
Great Northern School District	4	4	$43,811	$912.73	$912.73
Green Mountain School District	19	38	$165,989	$728.02	$364.01
Griffin School District	73	152	$550,472	$628.39	$301.79
Harrington School District	28	28	$296,207	$881.57	$881.57
Highland School District	138	142	$1,020,499	$616.24	$598.88
Highline School District	2,135	2,135	$19,894,826	$776.53	$776.53

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Hockinson School District	158	340	$1,497,194	$789.66	$366.96
Hood Canal School District	41	41	$379,400	$771.14	$771.14
Hoquiam School District	181	347	$1,827,241	$841.27	$438.82
Inchelium School District	41	41	$368,784	$749.56	$749.56
Index School District	5	6	$24,756	$412.59	$343.83
Issaquah School District	1,674	1,674	$15,842,153	$788.64	$788.64
Kahlotus School District	19	19	$118,432	$519.44	$519.44
Kalama School District	68	149	$758,396	$929.41	$424.16
Keller School District	11	31	$64,084	$485.48	$172.27
Kelso School District	466	888	$3,701,560	$661.94	$347.37
Kennewick School District	1,584	1,584	$15,903,683	$836.68	$836.68
Kent School District	2,292	2,292	$32,259,047	$1,172.89	$1,172.89
Kettle Falls School District	82	165	$537,461	$546.20	$271.44
Kiona-Benton City School District	149	306	$1,228,228	$686.93	$334.48
Kittitas School District	74	74	$870,817	$980.65	$980.65
Klickitat School District	20	28	$186,449	$776.87	$554.91
La Center School District	83	180	$1,040,231	$1,044.41	$481.59
La Conner School District	87	87	$538,818	$516.11	$516.11
LaCrosse School District	22	22	$194,388	$736.32	$736.32
Lake Chelan School District	166	166	$1,016,711	$510.40	$510.40
Lake Quinault School District	16	16	$289,168	$1,506.08	$1,506.08
Lake Stevens School District	357	357	$7,566,602	$1,766.25	$1,766.25
Lake Washington School District	2,272	2,272	$16,342,304	$599.41	$599.41
Lakewood School District	219	219	$2,166,874	$824.53	$824.53
Lamont School District	8	8	$57,474	$598.69	$598.69
Liberty School District	62	131	$746,675	$1,003.59	$474.98
Lind School District	32	63	$224,757	$585.30	$297.30
Longview School District	686	1,275	$5,236,494	$636.11	$342.25
Loon Lake School District	15	15	$79,200	$440.00	$440.00
Lopez School District	48	48	$380,098	$659.89	$659.89
Lyle School District	29	29	$305,765	$878.64	$878.64
Lynden School District	301	301	$2,677,334	$741.23	$741.23

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Mabton School District	97	179	$1,154,861	$992.15	$537.64
Mansfield School District	22	66	$256,458	$971.43	$323.81
Manson School District	92	191	$846,641	$766.88	$369.39
Mary M Knight School District	25	25	$188,422	$628.07	$628.07
Mary Walker School District	71	161	$617,522	$724.79	$319.63
Marysville School District	1,013	1,013	$11,032,370	$907.57	$907.57
McCleary School District	39	39	$395,095	$844.22	$844.22
Mead School District	935	1,719	$9,318,581	$830.53	$451.74
Medical Lake School District	184	184	$1,930,711	$874.42	$874.42
Mercer Island School District	316	316	$4,127,475	$1,088.47	$1,088.47
Meridian School District	164	328	$1,673,899	$850.56	$425.28
Methow Valley School District	69	69	$764,286	$923.05	$923.05
Mill A School District	7	7	$56,989	$678.44	$678.44
Monroe School District	539	539	$4,389,675	$678.68	$678.68
Montesano School District	136	136	$835,497	$511.95	$511.95
Morton School District	37	37	$274,839	$619.01	$619.01
Moses Lake School District	811	811	$5,461,889	$561.23	$561.23
Mossyrock School District	64	64	$583,036	$759.16	$759.16
Mount Adams School District	133	133	$1,014,753	$635.81	$635.81
Mount Baker School District	225	225	$2,226,165	$824.51	$824.51
Mount Pleasant School District	4	5	$44,420	$925.42	$740.34
Mount Vernon School District	737	737	$7,302,746	$825.73	$825.73
Mukilteo School District	1,330	2,493	$13,900,059	$870.93	$464.64
Naches Valley School District	115	115	$1,006,403	$729.28	$729.28
Napavine School District	78	78	$480,564	$513.42	$513.42
Naselle-Grays River Valley School District	55	55	$410,571	$622.08	$622.08
Nespelem School District	22	22	$269,807	$1,022.00	$1,022.00
Newport School District	120	120	$1,075,731	$747.04	$747.04
Nine Mile Falls School District	147	383	$1,513,857	$858.20	$329.39
Nooksack Valley School District	198	198	$1,981,589	$834.00	$834.00
North Beach School District	80	121	$784,001	$816.67	$539.95
North Franklin School District	239	239	$2,277,980	$794.27	$794.27

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
North Kitsap School District	578	578	$5,781,936	$833.61	$833.61
North Mason School District	217	217	$1,538,370	$590.77	$590.77
North River School District	19	19	$170,161	$746.32	$746.32
North Thurston Public Schools	1,298	1,298	$11,225,430	$720.69	$720.69
Northport School District	34	34	$366,241	$897.65	$897.65
Northshore School District	1,907	3,958	$17,568,609	$767.72	$369.90
Oak Harbor School District	465	465	$3,298,738	$591.17	$591.17
Oakesdale School District	21	21	$264,545	$1,049.78	$1,049.78
Oakville School District	45	45	$288,017	$533.36	$533.36
Ocean Beach School District	111	187	$749,951	$563.03	$334.20
Ocosta School District	90	154	$853,459	$790.24	$461.83
Odessa School District	42	93	$247,486	$491.04	$221.76
Okanogan School District	128	178	$1,350,436	$879.19	$632.23
Olympia School District	898	898	$6,354,546	$589.69	$589.69
Omak School District	301	584	$2,606,709	$721.68	$371.96
Onalaska School District	88	194	$845,062	$800.25	$363.00
Onion Creek School District	11	22	$126,989	$962.04	$481.02
Orcas Island School District	84	178	$770,288	$764.17	$360.62
Orchard Prairie School District	9	9	$85,151	$788.44	$788.44
Orient School District	14	14	$139,957	$833.08	$833.08
Orondo School District	32	32	$212,760	$554.06	$554.06
Oroville School District	77	121	$77,000	$83.33	$53.03
Orting School District	195	195	$1,648,487	$704.48	$704.48
Othello School District	430	876	$0	$0.00	$0.00
Palisades School District	7	14	$82,511	$982.27	$491.14
Palouse School District	24	24	$331,439	$1,150.83	$1,150.83
Pasco School District	1,686	1,686	$15,849,175	$783.37	$783.37
Pateros School District	40	40	$338,671	$705.56	$705.56
Paterson School District	15	42	$123,528	$686.27	$245.10
Pe Ell School District	44	64	$409,322	$775.23	$532.97
Peninsula School District	782	782	$8,041,624	$856.95	$856.95
Pioneer School District	88	88	$655,983	$621.20	$621.20

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Pomeroy School District	0	0	$274,536	n/a	n/a
Port Angeles School District	401	401	$2,636,332	$547.87	$547.87
Port Townsend School District	135	198	$957,422	$591.00	$402.96
Prescott School District	36	48	$280,345	$648.95	$486.71
Prosser School District	306	1,260	$3,333,139	$907.72	$220.45
Pullman School District	234	439	$2,211,557	$787.59	$419.81
Puyallup School District	1,657	1,657	$17,579,427	$884.10	$884.10
Queets-Clearwater School District	12	19	$89,256	$619.83	$391.47
Quilcene School District	21	21	$231,772	$919.73	$919.73
Quillayute Valley School District	164	164	$1,652,810	$839.84	$839.84
Quincy School District	295	295	$2,210,032	$624.30	$624.30
Rainier School District	82	83	$672,976	$683.92	$675.68
Raymond School District	71	71	$471,502	$553.41	$553.41
Reardan-Edwall School District	63	63	$621,003	$821.43	$821.43
Renton School District	1,460	1,460	$10,745,435	$613.32	$613.32
Republic School District	39	69	$375,009	$801.30	$452.91
Richland School District	1,034	1,927	$9,844,792	$793.42	$425.74
Ridgefield School District	122	122	$1,451,882	$991.72	$991.72
Ritzville School District	38	38	$555,917	$1,219.12	$1,219.12
Riverside School District	160	246	$1,666,446	$867.94	$564.51
Riverview School District	289	289	$3,005,688	$866.69	$866.69
Rochester School District	213	213	$2,056,819	$804.70	$804.70
Roosevelt School District	6	6	$27,892	$387.39	$387.39
Rosalia School District	36	36	$257,300	$595.60	$595.60
Royal School District	187	358	$1,705,986	$760.24	$397.11
San Juan Island School District	88	88	$958,890	$908.04	$908.04
Satsop School District	6	8	$38,145	$529.79	$397.34
Seattle Public Schools	5,396	9,168	$52,145,915	$805.32	$473.98
Sedro-Woolley School District	455	455	$2,985,677	$546.83	$546.83
Selah School District	356	633	$2,582,464	$604.51	$339.98
Selkirk School District	30	89	$242,176	$672.71	$226.76
Sequim School District	268	268	$2,798,741	$870.26	$870.26

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Shaw Island School District	5	8	$31,589	$526.48	$329.05
Shelton School District	499	859	$4,769,172	$796.45	$462.67
Shoreline School District	850	850	$6,495,406	$636.80	$636.80
Skamania School District	12	19	$97,402	$676.40	$427.20
Skykomish School District	17	17	$176,820	$866.76	$866.76
Snohomish School District	846	846	$9,944,245	$979.54	$979.54
Snoqualmie Valley School District	502	502	$6,339,002	$1,052.29	$1,052.29
Soap Lake School District	59	59	$596,800	$842.94	$842.94
South Bend School District	55	55	$586,852	$889.17	$889.17
South Kitsap School District	823	823	$9,406,243	$952.43	$952.43
South Whidbey School District	159	159	$1,626,830	$852.64	$852.64
Southside School District	19	19	$110,379	$484.12	$484.12
Spokane School District	3,047	6,253	$34,122,205	$933.22	$454.74
Sprague School District	20	46	$238,194	$992.48	$431.51
St. John School District	25	25	$283,295	$944.32	$944.32
Stanwood-Camano School District	415	415	$3,593,611	$721.61	$721.61
Star School District	2	2	$37,302	$1,554.23	$1,554.23
Starbuck School District	5	5	$49,651	$827.51	$827.51
Stehekin School District	1	1	$17,967	$1,497.25	$1,497.25
Steilacoom Hist. School District	242	410	$2,240,937	$771.67	$455.48
Steptoe School District	8	26	$63,545	$661.93	$203.67
Stevenson-Carson School District	108	108	$1,158,376	$893.81	$893.81
Sultan School District	193	193	$1,471,166	$635.22	$635.22
Summit Valley School District	17	17	$118,232	$579.57	$579.57
Sumner School District	759	1,651	$5,816,833	$638.65	$293.60
Sunnyside School District	748	1,413	$6,722,409	$748.93	$396.46
Tacoma School District	2,850	6,226	$32,220,267	$942.11	$431.26
Taholah School District	36	36	$253,698	$587.26	$587.26
Tahoma School District	703	703	$7,014,896	$831.54	$831.54
Tekoa School District	29	68	$324,448	$932.32	$397.61
Tenino School District	115	228	$1,195,209	$866.09	$436.85
Thorp School District	20	31	$224,138	$933.91	$602.52

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Toledo School District	72	170	$465,989	$539.34	$228.43
Tonasket School District	126	198	$890,045	$588.65	$374.60
Toppenish School District	384	384	$2,627,381	$570.18	$570.18
Touchet School District	30	30	$301,059	$836.28	$836.28
Toutle Lake School District	70	136	$569,113	$677.52	$348.72
Trout Lake School District	21	21	$262,440	$1,041.43	$1,041.43
Tukwila School District	83	83	$2,043,651	$2,051.86	$2,051.86
Tumwater School District	649	1,180	$6,434,908	$826.26	$454.44
Union Gap School District	76	76	$674,870	$739.99	$739.99
University Place School District	501	501	$4,506,172	$749.53	$749.53
Valley School District	77	159	$554,383	$599.98	$290.56
Vancouver School District	2,247	3,445	$22,793,033	$845.31	$551.36
Vashon Island School District	139	139	$1,672,101	$1,002.46	$1,002.46
Wahkiakum School District	48	132	$557,966	$968.69	$352.25
Wahluke School District	259	259	$3,160,020	$1,016.74	$1,016.74
Waitsburg School District	39	65	$347,881	$743.34	$446.00
Walla Walla Public Schools	711	711	$7,015,880	$822.30	$822.30
Wapato School District	379	379	$3,593,935	$790.22	$790.22
Warden School District	80	80	$1,374,231	$1,431.49	$1,431.49
Washougal School District	295	295	$2,805,606	$792.54	$792.54
Washtucna School District	23	45	$238,765	$865.09	$442.16
Waterville School District	34	34	$245,341	$601.33	$601.33
Wellpinit School District	66	66	$448,752	$566.61	$566.61
Wenatchee School District	826	826	$7,873,149	$794.30	$794.30
West Valley School District (Spokane)	403	403	$4,203,505	$869.21	$869.21
West Valley School District (Yakima)	483	483	$4,736,836	$817.26	$817.26
White Pass School District	51	51	$342,333	$559.37	$559.37
White River School District	248	248	$2,370,937	$796.69	$796.69
White Salmon Valley School District	116	116	$1,260,831	$905.77	$905.77
Wilbur School District	38	38	$357,267	$783.48	$783.48
Willapa Valley School District	39	39	$260,990	$557.67	$557.67
Wilson Creek School District	29	29	$381,026	$1,094.90	$1,094.90

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6a
Total Costs by District for District-Specific Health Plans Combined — Sorted by District
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Winlock School District	81	138	$493,892	$508.12	$298.24
Wishkah Valley School District	24	24	$36,029	$125.10	$125.10
Wishram School District	20	20	$173,000	$720.83	$720.83
Woodland School District	258	480	$2,439,389	$787.92	$423.51
Yakima School District	1,771	1,771	$18,797,653	$884.51	$884.51
Yelm School District	516	516	$5,424,759	$876.09	$876.09
Zillah School District	137	278	$1,193,796	$726.15	$357.85
Low	**0**	**0**	**$0**	**$0.00**	**$0.00**
Average	**344**	**469**	**$3,345,298**	**$811.45**	**$594.43**
High	**5,396**	**9,168**	**$52,145,915**	**$2,051.86**	**$2,051.86**
Grand Total	**101,348**	**138,349**	**$986,862,941**		

[1] Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Tukwila School District	83	83	$2,043,651	$2,051.86	$2,051.86
Lake Stevens School District	357	357	$7,566,602	$1,766.25	$1,766.25
Star School District	2	2	$37,302	$1,554.23	$1,554.23
Lake Quinault School District	16	16	$289,168	$1,506.08	$1,506.08
Stehekin School District	1	1	$17,967	$1,497.25	$1,497.25
Warden School District	80	80	$1,374,231	$1,431.49	$1,431.49
Centerville School District	9	9	$150,821	$1,396.49	$1,396.49
Ritzville School District	38	38	$555,917	$1,219.12	$1,219.12
Kent School District	2,292	2,292	$32,259,047	$1,172.89	$1,172.89
Palouse School District	24	24	$331,439	$1,150.83	$1,150.83
Cashmere School District	131	131	$1,779,655	$1,132.10	$1,132.10
Wilson Creek School District	29	29	$381,026	$1,094.90	$1,094.90
Mercer Island School District	316	316	$4,127,475	$1,088.47	$1,088.47
Snoqualmie Valley School District	502	502	$6,339,002	$1,052.29	$1,052.29
Oakesdale School District	21	21	$264,545	$1,049.78	$1,049.78
Trout Lake School District	21	21	$262,440	$1,041.43	$1,041.43
Goldendale School District	97	97	$1,190,790	$1,023.02	$1,023.02
Nespelem School District	22	22	$269,807	$1,022.00	$1,022.00
Wahluke School District	259	259	$3,160,020	$1,016.74	$1,016.74
Vashon Island School District	139	139	$1,672,101	$1,002.46	$1,002.46
Ridgefield School District	122	122	$1,451,882	$991.72	$991.72
Kittitas School District	74	74	$870,817	$980.65	$980.65
Snohomish School District	846	846	$9,944,245	$979.54	$979.54
Bickleton School District	12	23	$269,262	$1,869.87	$975.59
South Kitsap School District	823	823	$9,406,243	$952.43	$952.43
Battle Ground School District	1,147	1,147	$13,029,971	$946.67	$946.67
St. John School District	25	25	$283,295	$944.32	$944.32
Columbia (Walla Walla) School District	90	90	$1,012,185	$937.21	$937.21
Methow Valley School District	69	69	$764,286	$923.05	$923.05
Quilcene School District	21	21	$231,772	$919.73	$919.73
Great Northern School District	4	4	$43,811	$912.73	$912.73
Easton School District	21	21	$229,200	$909.52	$909.52

[1] Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Clover Park School District	1,263	2,139	$23,334,030	$1,539.59	$909.07
San Juan Island School District	88	88	$958,890	$908.04	$908.04
Marysville School District	1,013	1,013	$11,032,370	$907.57	$907.57
White Salmon Valley School District	116	116	$1,260,831	$905.77	$905.77
Curlew School District	27	27	$291,131	$898.55	$898.55
Northport School District	34	34	$366,241	$897.65	$897.65
Stevenson-Carson School District	108	108	$1,158,376	$893.81	$893.81
Fife School District	316	316	$3,377,375	$890.66	$890.66
Burlington-Edison School District	414	414	$4,422,959	$890.29	$890.29
South Bend School District	55	55	$586,852	$889.17	$889.17
Auburn School District	1,417	1,417	$15,082,915	$887.02	$887.02
Yakima School District	1,771	1,771	$18,797,653	$884.51	$884.51
Puyallup School District	1,657	1,657	$17,579,427	$884.10	$884.10
Harrington School District	28	28	$296,207	$881.57	$881.57
Lyle School District	29	29	$305,765	$878.64	$878.64
Yelm School District	516	516	$5,424,759	$876.09	$876.09
Medical Lake School District	184	184	$1,930,711	$874.42	$874.42
Sequim School District	268	268	$2,798,741	$870.26	$870.26
West Valley School District (Spokane)	403	403	$4,203,505	$869.21	$869.21
Skykomish School District	17	17	$176,820	$866.76	$866.76
Riverview School District	289	289	$3,005,688	$866.69	$866.69
Blaine School District	228	228	$2,354,905	$860.71	$860.71
Cusick School District	44	44	$454,367	$860.54	$860.54
Evergreen School District (Clark)	2,287	2,287	$23,544,398	$857.91	$857.91
Peninsula School District	782	782	$8,041,624	$856.95	$856.95
Bethel School District	1,520	1,520	$15,630,082	$856.91	$856.91
South Whidbey School District	159	159	$1,626,830	$852.64	$852.64
Coupeville School District	91	91	$927,588	$849.44	$849.44
Dixie School District	7	7	$70,923	$844.33	$844.33
McCleary School District	39	39	$395,095	$844.22	$844.22
Soap Lake School District	59	59	$596,800	$842.94	$842.94
Quillayute Valley School District	164	164	$1,652,810	$839.84	$839.84

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Bellingham School District	1,106	1,106	$11,146,276	$839.83	$839.83
Central Kitsap School District	1,048	1,048	$10,553,312	$839.16	$839.16
Bremerton School District	433	433	$4,352,773	$837.72	$837.72
Kennewick School District	1,584	1,584	$15,903,683	$836.68	$836.68
Touchet School District	30	30	$301,059	$836.28	$836.28
Enumclaw School District	407	407	$4,074,557	$834.27	$834.27
Nooksack Valley School District	198	198	$1,981,589	$834.00	$834.00
North Kitsap School District	578	578	$5,781,936	$833.61	$833.61
Clarkston School District	287	287	$2,870,123	$833.37	$833.37
Orient School District	14	14	$139,957	$833.08	$833.08
Tahoma School District	703	703	$7,014,896	$831.54	$831.54
Starbuck School District	5	5	$49,651	$827.51	$827.51
Mount Vernon School District	737	737	$7,302,746	$825.73	$825.73
Lakewood School District	219	219	$2,166,874	$824.53	$824.53
Mount Baker School District	225	225	$2,226,165	$824.51	$824.51
Walla Walla Public Schools	711	711	$7,015,880	$822.30	$822.30
Reardan-Edwall School District	63	63	$621,003	$821.43	$821.43
Central Valley School District	1,337	1,337	$13,134,793	$818.67	$818.67
West Valley School District (Yakima)	483	483	$4,736,836	$817.26	$817.26
Rochester School District	213	213	$2,056,819	$804.70	$804.70
Federal Way School District	2,208	2,208	$21,183,620	$799.50	$799.50
White River School District	248	248	$2,370,937	$796.69	$796.69
Wenatchee School District	826	826	$7,873,149	$794.30	$794.30
North Franklin School District	239	239	$2,277,980	$794.27	$794.27
Washougal School District	295	295	$2,805,606	$792.54	$792.54
Wapato School District	379	379	$3,593,935	$790.22	$790.22
Cascade School District	127	127	$1,204,229	$790.18	$790.18
Issaquah School District	1,674	1,674	$15,842,153	$788.64	$788.64
Orchard Prairie School District	9	9	$85,151	$788.44	$788.44
Wilbur School District	38	38	$357,267	$783.48	$783.48
Pasco School District	1,686	1,686	$15,849,175	$783.37	$783.37
Highline School District	2,135	2,135	$19,894,826	$776.53	$776.53

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Hood Canal School District	41	41	$379,400	$771.14	$771.14
Mossyrock School District	64	64	$583,036	$759.16	$759.16
Glenwood School District	20	20	$182,196	$759.15	$759.15
Inchelium School District	41	41	$368,784	$749.56	$749.56
University Place School District	501	501	$4,506,172	$749.53	$749.53
Newport School District	120	120	$1,075,731	$747.04	$747.04
North River School District	19	19	$170,161	$746.32	$746.32
Lynden School District	301	301	$2,677,334	$741.23	$741.23
Mount Pleasant School District	4	5	$44,420	$925.42	$740.34
Union Gap School District	76	76	$674,870	$739.99	$739.99
Cheney School District	441	441	$3,913,144	$739.45	$739.45
LaCrosse School District	22	22	$194,388	$736.32	$736.32
Naches Valley School District	115	115	$1,006,403	$729.28	$729.28
Darrington School District	52	52	$452,959	$725.90	$725.90
Stanwood-Camano School District	415	415	$3,593,611	$721.61	$721.61
Wishram School District	20	20	$173,000	$720.83	$720.83
North Thurston Public Schools	1,298	1,298	$11,225,430	$720.69	$720.69
Garfield School District	24	24	$204,770	$711.01	$711.01
Pateros School District	40	40	$338,671	$705.56	$705.56
Orting School District	195	195	$1,648,487	$704.48	$704.48
Dayton School District	53	53	$438,897	$690.09	$690.09
Bainbridge Island School District	363	542	$4,468,900	$1,025.92	$687.10
Endicott School District	24	24	$195,957	$680.41	$680.41
Monroe School District	539	539	$4,389,675	$678.68	$678.68
Mill A School District	7	7	$56,989	$678.44	$678.44
Rainier School District	82	83	$672,976	$683.92	$675.68
Lopez School District	48	48	$380,098	$659.89	$659.89
Davenport School District	62	62	$479,030	$643.86	$643.86
Anacortes School District	235	235	$1,802,388	$639.14	$639.14
Shoreline School District	850	850	$6,495,406	$636.80	$636.80
Mount Adams School District	133	133	$1,014,753	$635.81	$635.81
Sultan School District	193	193	$1,471,166	$635.22	$635.22

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Okanogan School District	128	178	$1,350,436	$879.19	$632.23
Colton School District	22	22	$166,537	$630.82	$630.82
Mary M Knight School District	25	25	$188,422	$628.07	$628.07
Conway School District	45	45	$338,898	$627.59	$627.59
Quincy School District	295	295	$2,210,032	$624.30	$624.30
Naselle-Grays River Valley School District	55	55	$410,571	$622.08	$622.08
Pioneer School District	88	88	$655,983	$621.20	$621.20
Morton School District	37	37	$274,839	$619.01	$619.01
Renton School District	1,460	1,460	$10,745,435	$613.32	$613.32
Cosmopolis School District	14	14	$102,301	$608.94	$608.94
Edmonds School District	1,897	1,897	$13,715,933	$602.53	$602.53
Thorp School District	20	31	$224,138	$933.91	$602.52
Waterville School District	34	34	$245,341	$601.33	$601.33
Lake Washington School District	2,272	2,272	$16,342,304	$599.41	$599.41
Highland School District	138	142	$1,020,499	$616.24	$598.88
Lamont School District	8	8	$57,474	$598.69	$598.69
Rosalia School District	36	36	$257,300	$595.60	$595.60
Oak Harbor School District	465	465	$3,298,738	$591.17	$591.17
North Mason School District	217	217	$1,538,370	$590.77	$590.77
Olympia School District	898	898	$6,354,546	$589.69	$589.69
Ellensburg School District	318	318	$2,243,886	$588.02	$588.02
Taholah School District	36	36	$253,698	$587.26	$587.26
Summit Valley School District	17	17	$118,232	$579.57	$579.57
Toppenish School District	384	384	$2,627,381	$570.18	$570.18
Wellpinit School District	66	66	$448,752	$566.61	$566.61
Riverside School District	160	246	$1,666,446	$867.94	$564.51
Moses Lake School District	811	811	$5,461,889	$561.23	$561.23
White Pass School District	51	51	$342,333	$559.37	$559.37
Willapa Valley School District	39	39	$260,990	$557.67	$557.67
Klickitat School District	20	28	$186,449	$776.87	$554.91
Orondo School District	32	32	$212,760	$554.06	$554.06
Raymond School District	71	71	$471,502	$553.41	$553.41

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Vancouver School District	2,247	3,445	$22,793,033	$845.31	$551.36
Port Angeles School District	401	401	$2,636,332	$547.87	$547.87
Chehalis School District	298	298	$1,956,477	$547.11	$547.11
Sedro-Woolley School District	455	455	$2,985,677	$546.83	$546.83
Arlington School District	468	468	$3,063,819	$545.55	$545.55
Franklin Pierce School District	809	809	$5,258,300	$541.65	$541.65
North Beach School District	80	121	$784,001	$816.67	$539.95
Mabton School District	97	179	$1,154,861	$992.15	$537.64
Oakville School District	45	45	$288,017	$533.36	$533.36
Pe Ell School District	44	64	$409,322	$775.23	$532.97
Kahlotus School District	19	19	$118,432	$519.44	$519.44
La Conner School District	87	87	$538,818	$516.11	$516.11
Napavine School District	78	78	$480,564	$513.42	$513.42
Montesano School District	136	136	$835,497	$511.95	$511.95
Lake Chelan School District	166	166	$1,016,711	$510.40	$510.40
Concrete School District	61	94	$569,415	$777.89	$504.80
Grapeview School District	22	38	$227,937	$863.40	$499.86
Dieringer School District	138	138	$817,533	$493.68	$493.68
Elma School District	182	296	$1,747,275	$800.03	$491.91
Palisades School District	7	14	$82,511	$982.27	$491.14
Prescott School District	36	48	$280,345	$648.95	$486.71
Columbia (Stevens) School District	29	46	$268,217	$770.74	$485.90
Southside School District	19	19	$110,379	$484.12	$484.12
La Center School District	83	180	$1,040,231	$1,044.41	$481.59
Onion Creek School District	11	22	$126,989	$962.04	$481.02
Cape Flattery School District	84	84	$482,455	$478.63	$478.63
Liberty School District	62	131	$746,675	$1,003.59	$474.98
Seattle Public Schools	5,396	9,168	$52,145,915	$805.32	$473.98
Boistfort School District	17	17	$95,489	$468.08	$468.08
Mukilteo School District	1,330	2,493	$13,900,059	$870.93	$464.64
Brewster School District	106	180	$999,854	$786.05	$462.90
Shelton School District	499	859	$4,769,172	$796.45	$462.67

[1] Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Ocosta School District	90	154	$853,459	$790.24	$461.83
Cle Elum-Roslyn School District	97	200	$1,098,308	$943.56	$457.63
Steilacoom Hist. School District	242	410	$2,240,937	$771.67	$455.48
Spokane School District	3,047	6,253	$34,122,205	$933.22	$454.74
Tumwater School District	649	1,180	$6,434,908	$826.26	$454.44
Crescent School District	35	64	$348,841	$830.57	$454.22
Centralia School District	369	702	$3,820,643	$862.84	$453.54
Brinnon School District	10	16	$86,968	$724.73	$452.96
Republic School District	39	69	$375,009	$801.30	$452.91
Mead School District	935	1,719	$9,318,581	$830.53	$451.74
Freeman School District	92	165	$891,978	$807.95	$450.49
Grandview School District	359	721	$3,887,179	$902.32	$449.28
Waitsburg School District	39	65	$347,881	$743.34	$446.00
Washtucna School District	23	45	$238,765	$865.09	$442.16
Loon Lake School District	15	15	$79,200	$440.00	$440.00
Hoquiam School District	181	347	$1,827,241	$841.27	$438.82
Finley School District	103	185	$970,019	$784.80	$436.95
Tenino School District	115	228	$1,195,209	$866.09	$436.85
Sprague School District	20	46	$238,194	$992.48	$431.51
Tacoma School District	2,850	6,226	$32,220,267	$942.11	$431.26
Eastmont School District	554	1,106	$5,716,181	$859.83	$430.69
Ferndale School District	470	919	$4,747,921	$841.83	$430.53
Skamania School District	12	19	$97,402	$676.40	$427.20
Richland School District	1,034	1,927	$9,844,792	$793.42	$425.74
Meridian School District	164	328	$1,673,899	$850.56	$425.28
Kalama School District	68	149	$758,396	$929.41	$424.16
Woodland School District	258	480	$2,439,389	$787.92	$423.51
Pullman School District	234	439	$2,211,557	$787.59	$419.81
Bellevue School District	2,004	3,895	$19,579,271	$814.17	$418.90
Coulee-Hartline School District	31	76	$377,664	$1,015.23	$414.11
Colfax School District	61	125	$620,596	$847.81	$413.73
Almira School District	21	50	$245,187	$972.96	$408.64

[1] Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Everett School District	1,577	3,658	$17,828,886	$942.13	$406.16
Grand Coulee Dam School District	105	203	$983,069	$780.21	$403.56
Port Townsend School District	135	198	$957,422	$591.00	$402.96
Deer Park School District	232	472	$2,252,807	$809.20	$397.74
Tekoa School District	29	68	$324,448	$932.32	$397.61
Satsop School District	6	8	$38,145	$529.79	$397.34
Royal School District	187	358	$1,705,986	$760.24	$397.11
Sunnyside School District	748	1,413	$6,722,409	$748.93	$396.46
Asotin-Anatone School District	70	70	$332,300	$395.59	$395.59
Aberdeen School District	472	775	$3,666,596	$647.35	$394.26
Queets-Clearwater School District	12	19	$89,256	$619.83	$391.47
Camas School District	610	1,352	$6,302,000	$860.93	$388.44
Roosevelt School District	6	6	$27,892	$387.39	$387.39
College Place School District	103	202	$934,313	$755.92	$385.44
Chewelah School District	94	186	$857,636	$760.32	$384.25
Chimacum School District	123	177	$805,524	$545.75	$379.25
Tonasket School District	126	198	$890,045	$588.65	$374.60
Omak School District	301	584	$2,606,709	$721.68	$371.96
Northshore School District	1,907	3,958	$17,568,609	$767.72	$369.90
Manson School District	92	191	$846,641	$766.88	$369.39
Hockinson School District	158	340	$1,497,194	$789.66	$366.96
Entiat School District	42	101	$444,423	$881.79	$366.69
East Valley School District (Spokane)	436	696	$3,050,949	$583.13	$365.30
Green Mountain School District	19	38	$165,989	$728.02	$364.01
Onalaska School District	88	194	$845,062	$800.25	$363.00
Orcas Island School District	84	178	$770,288	$764.17	$360.62
Zillah School District	137	278	$1,193,796	$726.15	$357.85
Wahkiakum School District	48	132	$557,966	$968.69	$352.25
Toutle Lake School District	70	136	$569,113	$677.52	$348.72
Ephrata School District	239	539	$2,252,822	$785.50	$348.30
Kelso School District	466	888	$3,701,560	$661.94	$347.37
Eatonville School District	186	359	$1,492,389	$668.63	$346.42

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Index School District	5	6	$24,756	$412.59	$343.83
Longview School District	686	1,275	$5,236,494	$636.11	$342.25
Selah School District	356	633	$2,582,464	$604.51	$339.98
East Valley School District (Yakima)	289	538	$2,185,420	$630.17	$338.51
Kiona-Benton City School District	149	306	$1,228,228	$686.93	$334.48
Ocean Beach School District	111	187	$749,951	$563.03	$334.20
Castle Rock School District	138	246	$985,246	$594.96	$333.76
Nine Mile Falls School District	147	383	$1,513,857	$858.20	$329.39
Shaw Island School District	5	8	$31,589	$526.48	$329.05
Granger School District	178	396	$1,551,390	$726.31	$326.47
Mansfield School District	22	66	$256,458	$971.43	$323.81
Granite Falls School District	171	344	$1,321,896	$644.20	$320.23
Mary Walker School District	71	161	$617,522	$724.79	$319.63
Griffin School District	73	152	$550,472	$628.39	$301.79
Carbonado School District	20	33	$118,409	$493.37	$299.01
Winlock School District	81	138	$493,892	$508.12	$298.24
Lind School District	32	63	$224,757	$585.30	$297.30
Sumner School District	759	1,651	$5,816,833	$638.65	$293.60
Creston School District	26	48	$167,852	$537.99	$291.41
Valley School District	77	159	$554,383	$599.98	$290.56
Bridgeport School District	95	180	$592,305	$519.57	$274.22
Kettle Falls School District	82	165	$537,461	$546.20	$271.44
Colville School District	185	368	$1,177,378	$530.35	$266.62
Adna School District	36	79	$237,218	$549.12	$250.23
Paterson School District	15	42	$123,528	$686.27	$245.10
Damman School District	4	12	$33,208	$691.83	$230.61
Toledo School District	72	170	$465,989	$539.34	$228.43
Selkirk School District	30	89	$242,176	$672.71	$226.76
Odessa School District	42	93	$247,486	$491.04	$221.76
Prosser School District	306	1,260	$3,333,139	$907.72	$220.45
Steptoe School District	8	26	$63,545	$661.93	$203.67
Evergreen School District (Stevens)	6	9	$21,131	$293.48	$195.66

[1] Premiums for fully-insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A6b
Total Costs by District for District-Specific Health Plans Combined — Sorted by Total Cost PMPM In Descending Cost Order
Plan Year Ending in 2013

District	Plan Year Ending Enrollment		Medical Cost Portion of Premiums[1]	Total Cost PEPM	Total Cost PMPM
	Employees	Members			
Keller School District	11	31	$64,084	$485.48	$172.27
Wishkah Valley School District	24	24	$36,029	$125.10	$125.10
Oroville School District	77	121	$77,000	$83.33	$53.03
Othello School District	430	876	$0	$0.00	$0.00
Benge School District	0	0	$36,513	n/a	n/a
Evaline School District	0	0	$30,541	n/a	n/a
Pomeroy School District	0	0	$274,536	n/a	n/a
Low	**0**	**0**	**$0**	**$0.00**	**$0.00**
Average	**344**	**469**	**$3,345,298**	**$811.45**	**$594.43**
High	**5,396**	**9,168**	**$52,145,915**	**$2,051.86**	**$2,051.86**
Grand Total	**101,348**	**138,349**	**$986,862,941**		

[1] Premiums for fully insured plans and premium equivalents for self-insured groups

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Aberdeen School District	314	156	$507.02	$917.65	1.810	$14.92	$197.67	13.245	2.9%	21.5%
Adna School District	10	21	$680.93	$1,175.91	1.727	$96.92	$451.83	4.662	14.2%	38.4%
Almira School District	4	12	$820.50	$1,071.00	1.305	$45.50	$160.25	3.522	5.5%	15.0%
Anacortes School District	116	119	$638.76	$1,022.64	1.601	$18.73	$282.52	15.085	2.9%	27.6%
Arlington School District	143	204	$721.15	$1,017.94	1.412	$19.35	$244.47	12.636	2.7%	24.0%
Asotin-Anatone School District	19	51	$349.14	$793.99	2.274	$3.17	$43.40	13.680	0.9%	5.5%
Auburn School District	583	519	$672.34	$1,044.27	1.553	$59.31	$421.17	7.101	8.8%	40.3%
Bainbridge Island School District	179	174	$727.27	$1,141.53	1.570	$93.66	$460.99	4.922	12.9%	40.4%
Battle Ground School District	431	508	$659.01	$1,082.56	1.643	$25.11	$368.92	14.690	3.8%	34.1%
Bellevue School District	816	798	$655.95	$1,003.90	1.530	$36.24	$241.38	6.660	5.5%	24.0%
Bellingham School District	375	441	$678.81	$1,020.09	1.503	$59.50	$346.04	5.816	8.8%	33.9%
Benge School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	645	550	$654.61	$1,043.95	1.595	$8.49	$204.01	24.015	1.3%	19.5%
Bickleton School District	0	12	n/a	$1,590.73	n/a	n/a	$510.47	n/a	n/a	32.1%
Blaine School District	101	127	$798.83	$1,028.42	1.287	$671.93	$808.12	1.203	84.1%	78.6%
Boistfort School District	11	6	$464.94	$1,104.31	2.375	$11.44	$452.93	39.608	2.5%	41.0%
Bremerton School District	263	170	$715.28	$1,207.87	1.689	$39.19	$476.96	12.171	5.5%	39.5%
Brewster School District	56	34	$640.45	$967.21	1.510	$16.41	$269.99	16.454	2.6%	27.9%
Bridgeport School District	55	40	$609.26	$880.12	1.445	$57.26	$297.89	5.202	9.4%	33.8%
Brinnon School District	3	2	$561.03	$849.63	1.514	$8.01	$143.01	17.861	1.4%	16.8%
Burlington-Edison School District	140	165	$697.01	$1,081.90	1.552	$38.62	$375.85	9.732	5.5%	34.7%
Camas School District	168	264	$647.37	$1,033.55	1.597	$3.49	$231.52	66.379	0.5%	22.4%
Cape Flattery School District	44	19	$721.71	$979.56	1.357	$17.00	$223.23	13.130	2.4%	22.8%
Carbonado School District	12	8	$779.49	$970.03	1.244	$15.98	$163.54	10.232	2.1%	16.9%
Cascade School District	49	57	$602.39	$879.63	1.460	$48.29	$265.06	5.489	8.0%	30.1%
Cashmere School District	24	74	$835.39	$927.01	1.110	$75.75	$159.80	2.110	9.1%	17.2%
Castle Rock School District	48	49	$648.42	$977.20	1.507	$5.03	$211.19	41.966	0.8%	21.6%
Centerville School District	1	6	$673.88	$1,261.41	1.872	$0.00	$219.16	n/a	0.0%	17.4%
Central Kitsap School District	384	430	$638.67	$999.75	1.565	$33.72	$315.80	9.366	5.3%	31.6%
Central Valley School District	506	525	$702.58	$1,040.94	1.482	$42.67	$372.86	8.738	6.1%	35.8%
Centralia School District	200	169	$670.84	$920.70	1.372	$41.45	$251.57	6.070	6.2%	27.3%
Chehalis School District	119	109	$656.28	$951.25	1.449	$20.25	$206.94	10.218	3.1%	21.8%

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Cheney School District	253	187	$667.47	$994.46	1.490	$82.82	$249.67	3.014	12.4%	25.1%
Chewelah School District	30	41	$630.66	$904.84	1.435	$16.07	$231.52	14.404	2.5%	25.6%
Chimacum School District	56	67	$660.51	$1,034.32	1.566	$59.99	$343.85	5.732	9.1%	33.2%
Clarkston School District	132	154	$650.70	$901.28	1.385	$7.08	$170.94	24.159	1.1%	19.0%
Cle Elum-Roslyn School District	49	48	$695.92	$1,145.13	1.645	$68.92	$449.99	6.529	9.9%	39.3%
Clover Park School District	750	456	$797.12	$1,171.52	1.470	$67.20	$442.57	6.586	8.4%	37.8%
Colfax School District	28	27	$733.95	$1,100.06	1.499	$78.80	$343.62	4.361	10.7%	31.2%
College Place School District	32	35	$730.10	$1,058.71	1.450	$56.86	$358.55	6.306	7.8%	33.9%
Colton School District	13	9	$565.45	$985.49	1.743	$19.14	$359.69	18.797	3.4%	36.5%
Columbia (Stevens) School District	6	23	$663.04	$1,050.25	1.584	$56.95	$298.78	5.246	8.6%	28.4%
Columbia (Walla Walla) School District	39	32	$673.20	$1,063.90	1.580	$11.30	$208.09	18.408	1.7%	19.6%
Colville School District	105	80	$646.56	$906.50	1.402	$15.41	$251.28	16.303	2.4%	27.7%
Concrete School District	25	17	$714.84	$1,058.24	1.480	$61.22	$420.70	6.872	8.6%	39.8%
Conway School District	20	15	$663.99	$978.04	1.473	$12.21	$282.81	23.162	1.8%	28.9%
Cosmopolis School District	9	5	$637.49	$748.44	1.174	$9.93	$316.91	31.918	1.6%	42.3%
Coulee-Hartline School District	9	22	$852.89	$1,081.64	1.268	$81.32	$221.79	2.728	9.5%	20.5%
Coupeville School District	57	34	$872.99	$1,040.93	1.192	$106.69	$157.46	1.476	12.2%	15.1%
Crescent School District	16	12	$717.60	$900.03	1.254	$6.96	$92.24	13.255	1.0%	10.2%
Creston School District	12	9	$672.28	$957.23	1.424	$82.49	$251.26	3.046	12.3%	26.2%
Curlew School District	12	15	$724.02	$1,137.03	1.570	$35.78	$259.97	7.266	4.9%	22.9%
Cusick School District	15	14	$807.03	$1,000.12	1.239	$26.87	$182.08	6.775	3.3%	18.2%
Damman School District	2	0	$842.27	n/a	n/a	$74.27	n/a	n/a	8.8%	n/a
Darrington School District	8	33	$881.38	$980.91	1.113	$59.38	$136.82	2.304	6.7%	13.9%
Davenport School District	17	45	$698.88	$992.52	1.420	$93.86	$336.84	3.589	13.4%	33.9%
Dayton School District	24	28	$619.62	$1,089.22	1.758	$85.12	$455.51	5.351	13.7%	41.8%
Deer Park School District	73	91	$655.11	$918.03	1.401	$13.86	$191.24	13.799	2.1%	20.8%
Dieringer School District	70	68	$618.57	$848.85	1.372	$8.35	$76.84	9.204	1.3%	9.1%
Dixie School District	4	3	$55.41	$740.34	13.362	$55.41	$150.74	2.721	100.0%	20.4%
East Valley School District (Spokane)	248	188	$660.97	$994.34	1.504	$35.83	$316.91	8.845	5.4%	31.9%
East Valley School District (Yakima)	149	140	$725.68	$1,125.32	1.551	$103.30	$381.45	3.693	14.2%	33.9%
Eastmont School District	222	243	$669.34	$943.42	1.409	$6.60	$190.42	28.842	1.0%	20.2%
Easton School District	8	10	$798.50	$965.10	1.209	$16.50	$183.10	11.097	2.1%	19.0%

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Eatonville School District	56	81	$639.67	$975.96	1.526	$12.79	$124.06	9.696	2.0%	12.7%
Edmonds School District	1,092	805	$727.47	$1,059.07	1.456	$50.39	$291.63	5.788	6.9%	27.5%
Ellensburg School District	157	154	$660.33	$941.57	1.426	$64.81	$327.90	5.060	9.8%	34.8%
Elma School District	70	60	$670.00	$963.71	1.438	$0.00	$81.79	n/a	0.0%	8.5%
Endicott School District	8	16	$587.49	$901.88	1.535	$42.98	$209.64	4.878	7.3%	23.2%
Entiat School District	7	23	$803.31	$932.08	1.160	$65.00	$148.38	2.283	8.1%	15.9%
Enumclaw School District	253	154	$698.94	$1,135.68	1.625	$61.11	$428.17	7.006	8.7%	37.7%
Ephrata School District	107	132	$631.37	$904.15	1.432	$22.81	$245.56	10.768	3.6%	27.2%
Evaline School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Everett School District	546	826	$822.36	$1,542.97	1.876	$134.60	$272.65	2.026	16.4%	17.7%
Evergreen School District (Clark)	1,186	1,077	$645.75	$1,091.69	1.691	$36.55	$345.45	9.452	5.7%	31.6%
Evergreen School District (Stevens)	5	1	$373.64	$773.15	2.069	$0.00	$0.00	n/a	0.0%	0.0%
Federal Way School District	1,160	635	$717.13	$1,076.08	1.501	$69.94	$407.13	5.821	9.8%	37.8%
Ferndale School District	219	209	$620.73	$990.77	1.596	$19.71	$219.49	11.134	3.2%	22.2%
Fife School District	117	127	$659.64	$985.20	1.494	$108.62	$216.25	1.991	16.5%	22.0%
Finley School District	40	40	$677.39	$967.86	1.429	$33.89	$285.08	8.411	5.0%	29.5%
Franklin Pierce School District	358	259	$706.38	$1,023.97	1.450	$41.79	$318.18	7.614	5.9%	31.1%
Freeman School District	47	45	$639.75	$905.49	1.415	$62.38	$251.83	4.037	9.8%	27.8%
Garfield School District	11	13	$597.07	$991.27	1.660	$177.25	$341.78	1.928	29.7%	34.5%
Glenwood School District	9	4	$641.05	$1,040.75	1.624	$18.18	$402.40	22.140	2.8%	38.7%
Goldendale School District	51	46	$663.25	$1,326.73	2.000	$17.35	$429.34	24.751	2.6%	32.4%
Grand Coulee Dam School District	59	46	$605.51	$946.15	1.563	$27.04	$314.99	11.650	4.5%	33.3%
Grandview School District	175	184	$670.53	$1,031.55	1.538	$66.30	$241.67	3.645	9.9%	23.4%
Granger School District	59	77	$689.55	$1,135.12	1.646	$58.19	$306.94	5.275	8.4%	27.0%
Granite Falls School District	59	76	$722.21	$1,154.38	1.598	$17.30	$185.80	10.739	2.4%	16.1%
Grapeview School District	11	11	$588.87	$967.30	1.643	$11.17	$331.87	29.720	1.9%	34.3%
Great Northern School District	4	0	$664.10	n/a	n/a	$18.75	n/a	n/a	2.8%	n/a
Green Mountain School District	9	10	$636.00	$783.47	1.232	$34.52	$184.33	5.339	5.4%	23.5%
Griffin School District	35	38	$627.67	$816.80	1.301	$77.27	$272.03	3.521	12.3%	33.3%
Harrington School District	8	20	$803.93	$995.91	1.239	$156.51	$306.19	1.956	19.5%	30.7%
Highland School District	49	48	$680.96	$1,014.63	1.490	$47.32	$348.38	7.362	6.9%	34.3%
Highline School District	1,081	630	$739.11	$1,072.24	1.451	$62.81	$401.75	6.396	8.5%	37.5%

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Hockinson School District	56	77	$699.23	$1,037.83	1.484	$3.68	$181.33	49.336	0.5%	17.5%
Hood Canal School District	28	13	$626.56	$878.92	1.403	$32.82	$120.07	3.658	5.2%	13.7%
Hoquiam School District	70	65	$668.16	$996.72	1.492	$10.43	$206.93	19.831	1.6%	20.8%
Inchelium School District	29	12	$672.84	$802.88	1.193	$29.40	$212.33	7.222	4.4%	26.4%
Index School District	4	1	$632.36	$565.00	0.893	$91.00	$2.00	0.022	14.4%	0.4%
Issaquah School District	1,019	655	$631.74	$957.90	1.516	$23.58	$266.36	11.298	3.7%	27.8%
Kahlotus School District	9	10	$588.03	$1,003.33	1.706	$15.87	$323.35	20.370	2.7%	32.2%
Kalama School District	23	37	$669.20	$1,075.91	1.608	$17.18	$321.67	18.720	2.6%	29.9%
Keller School District	9	2	$626.54	$1,185.78	1.893	$17.95	$381.37	21.245	2.9%	32.2%
Kelso School District	171	165	$687.46	$1,012.98	1.474	$40.42	$320.20	7.923	5.9%	31.6%
Kennewick School District	562	608	$714.97	$1,101.33	1.540	$91.67	$300.55	3.279	12.8%	27.3%
Kent School District	1,066	751	$660.20	$1,023.54	1.550	$4.97	$251.55	50.650	0.8%	24.6%
Kettle Falls School District	25	36	$688.39	$1,021.67	1.484	$24.59	$194.30	7.902	3.6%	19.0%
Kiona-Benton City School District	60	57	$662.83	$987.43	1.490	$7.06	$256.50	36.346	1.1%	26.0%
Kittitas School District	17	56	$869.94	$969.21	1.114	$87.82	$187.21	2.132	10.1%	19.3%
Klickitat School District	13	7	$660.86	$1,225.93	1.855	$65.70	$301.14	4.584	9.9%	24.6%
La Center School District	29	54	$907.22	$1,404.40	1.548	$121.16	$552.33	4.559	13.4%	39.3%
La Conner School District	41	46	$621.94	$1,002.96	1.613	$29.27	$307.61	10.508	4.7%	30.7%
LaCrosse School District	6	16	$595.31	$1,027.48	1.726	$54.38	$416.84	7.666	9.1%	40.6%
Lake Chelan School District	65	101	$569.25	$676.66	1.189	$39.33	$60.41	1.536	6.9%	8.9%
Lake Quinault School District	8	8	$678.17	$1,147.66	1.692	$11.03	$262.23	23.777	1.6%	22.8%
Lake Stevens School District	187	170	$708.92	$1,081.20	1.525	$39.12	$301.93	7.718	5.5%	27.9%
Lake Washington School District	1,177	828	$652.54	$1,012.83	1.552	$26.75	$326.36	12.202	4.1%	32.2%
Lakewood School District	72	95	$585.41	$831.89	1.421	$4.24	$190.75	44.960	0.7%	22.9%
Lamont School District	4	4	$776.65	$913.09	1.176	$123.74	$303.44	2.452	15.9%	33.2%
Liberty School District	30	32	$666.64	$1,023.31	1.535	$88.63	$352.60	3.978	13.3%	34.5%
Lind School District	17	15	$611.47	$826.27	1.351	$84.16	$130.56	1.551	13.8%	15.8%
Longview School District	287	248	$672.40	$978.44	1.455	$14.53	$290.31	19.979	2.2%	29.7%
Loon Lake School District	7	8	$717.03	$593.93	0.828	$70.23	$44.95	0.640	9.8%	7.6%
Lopez School District	13	17	$491.59	$1,127.04	2.293	$13.01	$228.27	17.540	2.6%	20.3%
Lyle School District	10	8	$656.22	$1,297.18	1.977	$2.91	$502.86	173.043	0.4%	38.8%
Lynden School District	104	106	$578.57	$935.15	1.616	$18.87	$240.33	12.736	3.3%	25.7%

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Mabton School District	41	38	$685.05	$1,087.12	1.587	$4.63	$302.33	65.360	0.7%	27.8%
Mansfield School District	3	15	$859.00	$976.93	1.137	$62.33	$177.40	2.846	7.3%	18.2%
Manson School District	28	36	$599.59	$948.16	1.581	$0.00	$195.00	n/a	0.0%	20.6%
Mary M Knight School District	11	14	$638.58	$1,105.11	1.731	$9.61	$343.24	35.720	1.5%	31.1%
Mary Walker School District	26	45	$612.39	$905.49	1.479	$54.35	$191.79	3.529	8.9%	21.2%
Marysville School District	526	487	$712.34	$1,028.12	1.443	$30.02	$264.08	8.796	4.2%	25.7%
McCleary School District	26	13	$696.60	$924.72	1.327	$43.69	$191.08	4.374	6.3%	20.7%
Mead School District	289	351	$752.12	$1,126.86	1.498	$99.08	$458.62	4.629	13.2%	40.7%
Medical Lake School District	98	86	$670.27	$983.80	1.468	$62.76	$163.73	2.609	9.4%	16.6%
Mercer Island School District	119	101	$665.30	$1,088.44	1.636	$55.70	$382.60	6.869	8.4%	35.2%
Meridian School District	59	58	$659.73	$1,075.34	1.630	$36.51	$304.74	8.347	5.5%	28.3%
Methow Valley School District	30	39	$632.91	$1,019.28	1.610	$29.53	$264.52	8.957	4.7%	26.0%
Mill A School District	1	6	$558.95	$1,059.80	1.896	$5.04	$204.74	40.623	0.9%	19.3%
Monroe School District	288	251	$662.75	$964.41	1.455	$19.98	$179.83	9.000	3.0%	18.6%
Montesano School District	69	67	$625.94	$921.98	1.473	$10.27	$156.16	15.211	1.6%	16.9%
Morton School District	17	20	$697.21	$1,054.62	1.513	$55.58	$303.60	5.462	8.0%	28.8%
Moses Lake School District	423	388	$680.24	$1,010.20	1.485	$20.85	$287.72	13.801	3.1%	28.5%
Mossyrock School District	24	23	$642.82	$913.61	1.421	$10.77	$245.46	22.787	1.7%	26.9%
Mount Adams School District	81	52	$653.76	$760.82	1.164	$17.59	$81.91	4.656	2.7%	10.8%
Mount Baker School District	64	91	$691.06	$993.13	1.437	$25.99	$169.82	6.533	3.8%	17.1%
Mount Pleasant School District	3	1	$960.22	$1,868.35	1.946	$93.43	$977.15	10.458	9.7%	52.3%
Mount Vernon School District	414	322	$665.96	$1,004.81	1.509	$36.13	$264.67	7.325	5.4%	26.3%
Mukilteo School District	539	466	$733.20	$1,173.08	1.600	$16.67	$333.32	19.991	2.3%	28.4%
Naches Valley School District	60	55	$652.31	$887.40	1.360	$32.18	$251.03	7.802	4.9%	28.3%
Napavine School District	45	33	$632.74	$804.01	1.271	$17.32	$116.35	6.717	2.7%	14.5%
Naselle-Grays River Valley School District	10	32	$714.81	$1,056.16	1.478	$24.14	$172.84	7.159	3.4%	16.4%
Nespelem School District	12	10	$719.18	$940.27	1.307	$93.90	$310.77	3.309	13.1%	33.1%
Newport School District	66	54	$623.15	$889.16	1.427	$61.45	$303.39	4.937	9.9%	34.1%
Nine Mile Falls School District	23	95	$606.05	$968.13	1.597	$21.71	$283.57	13.059	3.6%	29.3%
Nooksack Valley School District	79	91	$598.48	$1,071.45	1.790	$22.55	$291.02	12.906	3.8%	27.2%
North Beach School District	29	27	$714.60	$1,211.07	1.695	$44.30	$299.21	6.754	6.2%	24.7%
North Franklin School District	76	103	$637.26	$911.09	1.430	$11.56	$231.49	20.018	1.8%	25.4%

[1]As of the end of the Plan Year ending in 2013

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
North Kitsap School District	263	210	$660.97	$957.47	1.449	$6.50	$246.01	37.874	1.0%	25.7%
North Mason School District	117	100	$633.58	$905.21	1.429	$23.30	$296.37	12.717	3.7%	32.7%
North River School District	15	3	$664.13	$679.87	1.024	$42.50	$322.88	7.597	6.4%	47.5%
North Thurston Public Schools	634	664	$644.33	$958.91	1.488	$65.21	$299.34	4.590	10.1%	31.2%
Northport School District	20	14	$657.88	$1,063.04	1.616	$9.93	$100.07	10.076	1.5%	9.4%
Northshore School District	1,006	889	$619.21	$955.83	1.544	$41.19	$254.03	6.168	6.7%	26.6%
Oak Harbor School District	250	215	$671.08	$987.87	1.472	$6.30	$168.02	26.676	0.9%	17.0%
Oakesdale School District	5	16	$564.32	$869.78	1.541	$122.34	$204.98	1.676	21.7%	23.6%
Oakville School District	13	16	$683.00	$881.94	1.291	$53.44	$151.76	2.840	7.8%	17.2%
Ocean Beach School District	51	28	$698.59	$1,045.38	1.496	$37.30	$320.51	8.592	5.3%	30.7%
Ocosta School District	47	43	$683.00	$1,045.93	1.531	$109.39	$395.01	3.611	16.0%	37.8%
Odessa School District	9	18	$701.62	$853.83	1.217	$24.73	$97.88	3.958	3.5%	11.5%
Okanogan School District	71	48	$640.86	$968.82	1.512	$33.38	$280.78	8.411	5.2%	29.0%
Olympia School District	419	318	$643.22	$981.57	1.526	$15.11	$276.54	18.298	2.3%	28.2%
Omak School District	132	128	$656.13	$874.74	1.333	$52.31	$260.04	4.971	8.0%	29.7%
Onalaska School District	22	42	$611.22	$880.64	1.441	$34.05	$252.49	7.415	5.6%	28.7%
Onion Creek School District	3	8	$859.00	$967.75	1.127	$91.00	$199.75	2.195	10.6%	20.6%
Orcas Island School District	23	33	$655.18	$1,014.97	1.549	$108.10	$346.15	3.202	16.5%	34.1%
Orchard Prairie School District	7	2	$708.34	$1,068.29	1.508	$20.91	$163.25	7.807	3.0%	15.3%
Orient School District	8	6	$591.43	$1,052.42	1.779	$81.43	$314.21	3.859	13.8%	29.9%
Orondo School District	17	15	$621.08	$974.03	1.568	$79.63	$386.67	4.856	12.8%	39.7%
Oroville School District	42	35	$652.43	$1,009.21	1.547	$25.51	$105.07	4.119	3.9%	10.4%
Orting School District	92	70	$689.14	$938.80	1.362	$25.74	$222.40	8.642	3.7%	23.7%
Othello School District	140	148	$636.52	$899.42	1.413	$12.54	$154.41	12.312	2.0%	17.2%
Palisades School District	0	7	n/a	$933.57	n/a	n/a	$151.57	n/a	n/a	16.2%
Palouse School District	8	16	$696.86	$1,072.49	1.539	$125.83	$428.57	3.406	18.1%	40.0%
Pasco School District	689	650	$746.59	$1,086.74	1.456	$109.68	$360.67	3.288	14.7%	33.2%
Pateros School District	19	14	$588.47	$839.48	1.427	$0.00	$141.73	n/a	0.0%	16.9%
Paterson School District	4	4	$611.83	$852.15	1.393	$0.00	$95.28	n/a	0.0%	11.2%
Pe Ell School District	27	16	$603.87	$989.22	1.638	$11.64	$208.85	17.950	1.9%	21.1%
Peninsula School District	323	234	$665.49	$1,093.99	1.644	$43.77	$403.23	9.212	6.6%	36.9%
Pioneer School District	56	32	$637.12	$1,053.47	1.653	$40.59	$436.64	10.758	6.4%	41.4%

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Pomeroy School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Port Angeles School District	134	143	$659.64	$982.70	1.490	$20.96	$316.74	15.110	3.2%	32.2%
Port Townsend School District	43	63	$659.94	$990.53	1.501	$3.43	$220.62	64.343	0.5%	22.3%
Prescott School District	23	13	$736.12	$1,014.10	1.378	$117.96	$445.20	3.774	16.0%	43.9%
Prosser School District	146	160	$648.48	$1,009.72	1.557	$20.27	$250.06	12.338	3.1%	24.8%
Pullman School District	94	86	$708.62	$912.14	1.287	$37.85	$189.94	5.018	5.3%	20.8%
Puyallup School District	727	576	$682.11	$1,202.53	1.763	$113.45	$465.06	4.099	16.6%	38.7%
Queets-Clearwater School District	4	4	$657.39	$617.04	0.939	$9.08	$0.00	0.000	1.4%	0.0%
Quilcene School District	9	4	$838.93	$1,036.50	1.235	$98.83	$341.81	3.459	11.8%	33.0%
Quillayute Valley School District	95	59	$661.53	$1,008.00	1.524	$46.75	$378.94	8.105	7.1%	37.6%
Quincy School District	100	108	$777.96	$1,098.01	1.411	$6.78	$233.29	34.392	0.9%	21.2%
Rainier School District	45	37	$634.45	$1,067.82	1.683	$31.26	$366.11	11.711	4.9%	34.3%
Raymond School District	30	25	$656.88	$955.73	1.455	$1.75	$186.48	106.722	0.3%	19.5%
Reardan-Edwall School District	26	28	$643.00	$1,035.08	1.610	$9.13	$294.52	32.251	1.4%	28.5%
Renton School District	602	461	$663.00	$1,003.83	1.514	$12.92	$304.12	23.532	1.9%	30.3%
Republic School District	13	17	$648.97	$1,060.81	1.635	$62.73	$310.29	4.947	9.7%	29.3%
Richland School District	441	361	$671.46	$990.24	1.475	$28.76	$332.49	11.561	4.3%	33.6%
Ridgefield School District	37	69	$634.71	$986.37	1.554	$14.93	$209.34	14.017	2.4%	21.2%
Ritzville School District	9	29	$816.22	$958.48	1.174	$34.22	$208.08	6.080	4.2%	21.7%
Riverside School District	69	63	$687.96	$1,108.12	1.611	$37.74	$448.18	11.875	5.5%	40.4%
Riverview School District	136	97	$671.43	$999.83	1.489	$55.99	$352.28	6.292	8.3%	35.2%
Rochester School District	78	84	$737.67	$1,002.91	1.360	$133.01	$264.49	1.988	18.0%	26.4%
Roosevelt School District	4	0	$664.10	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Rosalia School District	18	18	$618.68	$950.78	1.537	$72.39	$407.05	5.623	11.7%	42.8%
Royal School District	115	72	$620.31	$929.02	1.498	$35.70	$277.25	7.766	5.8%	29.8%
San Juan Island School District	30	30	$645.85	$1,039.09	1.609	$50.19	$333.07	6.636	7.8%	32.1%
Satsop School District	4	2	$604.23	$1,175.60	1.946	$30.22	$310.03	10.261	5.0%	26.4%
Seattle Public Schools	2,824	2,212	$635.15	$1,004.45	1.581	$9.13	$306.92	33.605	1.4%	30.6%
Sedro-Woolley School District	212	183	$733.85	$1,002.92	1.367	$117.97	$358.72	3.041	16.1%	35.8%
Selah School District	191	165	$684.33	$1,046.87	1.530	$65.61	$395.65	6.030	9.6%	37.8%
Selkirk School District	11	19	$689.00	$1,074.68	1.560	$77.71	$265.29	3.414	11.3%	24.7%
Sequim School District	131	137	$613.55	$858.54	1.399	$36.31	$112.09	3.088	5.9%	13.1%

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Shaw Island School District	1	1	$776.65	$926.10	1.192	$8.65	$158.12	18.280	1.1%	17.1%
Shelton School District	309	190	$661.34	$974.01	1.473	$52.95	$324.61	6.131	8.0%	33.3%
Shoreline School District	455	395	$654.83	$1,031.89	1.576	$29.18	$308.84	10.584	4.5%	29.9%
Skamania School District	4	8	$736.54	$974.99	1.324	$104.71	$431.29	4.119	14.2%	44.2%
Skykomish School District	10	7	$635.06	$840.06	1.323	$15.00	$118.92	7.928	2.4%	14.2%
Snohomish School District	268	345	$688.87	$1,093.45	1.587	$38.04	$221.47	5.822	5.5%	20.3%
Snoqualmie Valley School District	226	175	$693.38	$1,199.67	1.730	$56.96	$426.08	7.480	8.2%	35.5%
Soap Lake School District	29	30	$679.61	$902.21	1.328	$24.62	$214.86	8.726	3.6%	23.8%
South Bend School District	28	27	$659.18	$932.64	1.415	$58.57	$285.76	4.879	8.9%	30.6%
South Kitsap School District	397	345	$736.35	$1,011.57	1.374	$46.56	$273.89	5.883	6.3%	27.1%
South Whidbey School District	53	61	$636.56	$1,114.32	1.751	$9.91	$384.21	38.771	1.6%	34.5%
Southside School District	7	10	$626.05	$888.46	1.419	$47.97	$225.10	4.692	7.7%	25.3%
Spokane School District	1,028	1,444	$687.81	$1,107.84	1.611	$66.80	$358.42	5.365	9.7%	32.4%
Sprague School District	8	12	$528.48	$1,082.03	2.047	$46.17	$367.60	7.962	8.7%	34.0%
St. John School District	7	18	$821.33	$964.67	1.175	$82.89	$246.98	2.979	10.1%	25.6%
Stanwood-Camano School District	145	154	$691.44	$1,054.16	1.525	$12.18	$249.78	20.503	1.8%	23.7%
Star School District	0	1	n/a	$913.53	n/a	n/a	$170.65	n/a	n/a	18.7%
Starbuck School District	3	2	$664.10	$1,072.68	1.615	$18.75	$427.33	22.791	2.8%	39.8%
Stehekin School District	0	1	n/a	$1,497.25	n/a	n/a	$0.00	n/a	n/a	0.0%
Steilacoom Hist. School District	117	83	$685.11	$999.11	1.458	$4.26	$158.50	37.187	0.6%	15.9%
Steptoe School District	1	7	$848.00	$1,043.14	1.230	$249.00	$372.23	1.495	29.4%	35.7%
Stevenson-Carson School District	50	37	$626.87	$1,333.66	2.127	$10.73	$405.70	37.805	1.7%	30.4%
Sultan School District	96	96	$667.53	$962.77	1.442	$85.05	$326.39	3.837	12.7%	33.9%
Summit Valley School District	12	5	$412.30	$1,113.84	2.702	$55.39	$377.48	6.815	13.4%	33.9%
Sumner School District	410	349	$616.18	$865.56	1.405	$50.44	$253.98	5.035	8.2%	29.3%
Sunnyside School District	426	322	$690.48	$936.40	1.356	$73.68	$271.56	3.686	10.7%	29.0%
Tacoma School District	1,032	1,531	$730.37	$1,342.73	1.838	$644.21	$1,145.53	1.778	88.2%	85.3%
Taholah School District	20	16	$755.99	$1,216.08	1.609	$101.23	$486.00	4.801	13.4%	40.0%
Tahoma School District	272	238	$687.66	$992.81	1.444	$31.99	$270.18	8.445	4.7%	27.2%
Tekoa School District	10	19	$575.98	$897.87	1.559	$73.34	$241.42	3.292	12.7%	26.9%
Tenino School District	62	53	$651.07	$959.55	1.474	$9.02	$117.88	13.066	1.4%	12.3%
Thorp School District	8	12	$590.88	$1,083.54	1.834	$29.01	$394.00	13.583	4.9%	36.4%

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7a
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Toledo School District	20	30	$682.53	$970.66	1.422	$51.48	$276.34	5.368	7.5%	28.5%
Tonasket School District	60	66	$643.51	$977.76	1.519	$47.36	$236.51	4.994	7.4%	24.2%
Toppenish School District	188	196	$676.78	$1,031.08	1.524	$21.21	$179.60	8.468	3.1%	17.4%
Touchet School District	17	13	$1,150.36	$1,214.15	1.055	$22.90	$0.00	0.000	2.0%	0.0%
Toutle Lake School District	23	26	$684.67	$979.02	1.430	$53.10	$318.24	5.994	7.8%	32.5%
Trout Lake School District	10	9	$673.88	$1,375.87	2.042	$0.67	$400.96	594.894	0.1%	29.1%
Tukwila School District	58	25	$764.15	$1,040.42	1.362	$89.79	$322.40	3.591	11.7%	31.0%
Tumwater School District	258	231	$743.78	$1,072.23	1.442	$55.51	$368.05	6.630	7.5%	34.3%
Union Gap School District	32	23	$630.11	$927.83	1.473	$43.50	$268.43	6.171	6.9%	28.9%
University Place School District	292	205	$638.98	$985.75	1.543	$27.76	$331.20	11.930	4.3%	33.6%
Valley School District	46	31	$631.91	$856.74	1.356	$33.08	$111.03	3.356	5.2%	13.0%
Vancouver School District	891	851	$666.96	$1,015.41	1.522	$18.90	$345.02	18.257	2.8%	34.0%
Vashon Island School District	62	60	$686.44	$1,066.41	1.554	$17.70	$268.35	15.159	2.6%	25.2%
Wahkiakum School District	10	38	$828.20	$982.34	1.186	$14.04	$126.29	8.996	1.7%	12.9%
Wahluke School District	104	97	$742.63	$1,097.75	1.478	$81.72	$267.69	3.276	11.0%	24.4%
Waitsburg School District	21	18	$624.13	$882.41	1.414	$47.19	$270.30	5.728	7.6%	30.6%
Walla Walla Public Schools	243	278	$687.93	$985.62	1.433	$34.74	$205.39	5.911	5.1%	20.8%
Wapato School District	185	194	$644.94	$929.14	1.441	$16.36	$134.89	8.243	2.5%	14.5%
Warden School District	16	48	$857.56	$965.94	1.126	$88.94	$197.94	2.226	10.4%	20.5%
Washougal School District	151	76	$747.68	$1,247.77	1.669	$80.16	$555.62	6.932	10.7%	44.5%
Washtucna School District	12	11	$705.62	$1,044.60	1.480	$150.24	$506.05	3.368	21.3%	48.4%
Waterville School District	7	15	$645.96	$961.48	1.488	$60.89	$315.79	5.186	9.4%	32.8%
Wellpinit School District	44	22	$587.54	$838.15	1.427	$20.71	$86.91	4.197	3.5%	10.4%
Wenatchee School District	321	312	$657.38	$968.45	1.473	$13.24	$285.59	21.576	2.0%	29.5%
West Valley School District (Spokane)	209	194	$726.62	$1,225.61	1.687	$74.34	$288.15	3.876	10.2%	23.5%
West Valley School District (Yakima)	167	213	$729.20	$998.60	1.369	$64.90	$293.73	4.526	8.9%	29.4%
White Pass School District	36	15	$623.98	$936.45	1.501	$29.27	$247.45	8.454	4.7%	26.4%
White River School District	135	113	$643.15	$964.48	1.500	$15.71	$256.09	16.299	2.4%	26.6%
White Salmon Valley School District	50	44	$648.09	$1,229.84	1.898	$11.54	$407.11	35.284	1.8%	33.1%
Wilbur School District	19	19	$735.84	$995.36	1.353	$79.28	$256.07	3.230	10.8%	25.7%
Willapa Valley School District	27	12	$648.93	$1,090.13	1.680	$46.65	$267.58	5.735	7.2%	24.5%
Wilson Creek School District	16	13	$557.06	$678.51	1.218	$0.00	$0.00	n/a	0.0%	0.0%

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7a

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Full-Time Employees

Census October 1, 2013 — Reporting Districts Only

District	Full-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Winlock School District	46	35	$469.53	$998.16	2.126	$14.53	$300.98	20.714	3.1%	30.2%
Wishkah Valley School District	10	5	$647.22	$1,046.15	1.616	$27.78	$630.85	22.707	4.3%	60.3%
Wishram School District	8	10	$454.54	$897.65	1.975	$6.25	$7.50	1.200	1.4%	0.8%
Woodland School District	93	79	$672.61	$1,021.31	1.518	$7.90	$273.65	34.629	1.2%	26.8%
Yakima School District	816	828	$755.74	$1,109.96	1.469	$34.47	$360.21	10.452	4.6%	32.5%
Yelm School District	304	212	$673.54	$1,060.21	1.574	$25.96	$268.06	10.326	3.9%	25.3%
Zillah School District	69	68	$611.74	$795.50	1.300	$19.71	$144.53	7.331	3.2%	18.2%
Low	**0**	**0**	**$55.41**	**$565.00**	**0.828**	**$0.00**	**$0.00**	**0.000**	**0.0%**	**0.0%**
Average	**155**	**141**	**$678.74**	**$1,048.34**	**1.545**	**$56.54**	**$333.02**	**5.890**	**8.3%**	**31.8%**
High	**2,824**	**2,212**	**$1,150.36**	**$1,868.35**	**13.362**	**$671.93**	**$1,145.53**	**594.894**	**100.0%**	**85.3%**
Grand Total	**45,660**	**41,691**								

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Aberdeen School District	2	0	$544.35	n/a	n/a	$52.26	n/a	n/a	9.6%	n/a
Adna School District	2	3	$495.90	$924.40	1.864	$36.00	$548.28	15.232	7.3%	59.3%
Almira School District	3	2	$807.67	$928.50	1.150	$72.06	$257.66	3.576	8.9%	27.7%
Anacortes School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Arlington School District	70	51	$647.36	$853.41	1.318	$88.38	$249.98	2.828	13.7%	29.3%
Asotin-Anatone School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Auburn School District	211	104	$614.01	$902.72	1.470	$115.72	$391.95	3.387	18.8%	43.4%
Bainbridge Island School District	5	5	$650.87	$1,190.73	1.829	$101.63	$561.50	5.525	15.6%	47.2%
Battle Ground School District	117	91	$636.88	$971.37	1.525	$33.06	$262.20	7.930	5.2%	27.0%
Bellevue School District	201	189	$564.75	$890.41	1.577	$76.08	$328.49	4.318	13.5%	36.9%
Bellingham School District	175	115	$584.56	$936.80	1.603	$112.36	$425.78	3.789	19.2%	45.5%
Benge School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	233	92	$601.48	$958.40	1.593	$127.78	$406.33	3.180	21.2%	42.4%
Bickleton School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Blaine School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Boistfort School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bremerton School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Brewster School District	12	4	$546.63	$828.63	1.516	$59.22	$184.85	3.121	10.8%	22.3%
Bridgeport School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Brinnon School District	4	1	$544.35	$1,219.25	2.240	$52.85	$605.61	11.460	9.7%	49.7%
Burlington-Edison School District	68	41	$627.05	$1,146.07	1.828	$105.01	$558.00	5.314	16.7%	48.7%
Camas School District	78	100	$602.60	$981.24	1.628	$104.57	$323.95	3.098	17.4%	33.0%
Cape Flattery School District	19	2	$577.92	$849.63	1.470	$80.81	$275.85	3.413	14.0%	32.5%
Carbonado School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cascade School District	14	7	$626.94	$872.69	1.392	$132.65	$317.73	2.395	21.2%	36.4%
Cashmere School District	11	22	$817.79	$939.27	1.149	$220.55	$395.43	1.793	27.0%	42.1%
Castle Rock School District	31	10	$654.89	$883.31	1.349	$46.20	$235.18	5.090	7.1%	26.6%
Centerville School District	0	2	n/a	$1,436.55	n/a	n/a	$156.43	n/a	n/a	10.9%
Central Kitsap School District	161	73	$571.17	$899.92	1.576	$96.32	$389.89	4.048	16.9%	43.3%
Central Valley School District	194	112	$650.78	$905.90	1.392	$118.23	$354.04	2.995	18.2%	39.1%
Centralia School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chehalis School District	44	26	$599.76	$812.70	1.355	$32.62	$151.20	4.636	5.4%	18.6%

[1]As of the end of the Plan Year ending in 2013

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Cheney School District	1	0	$669.96	n/a	n/a	$67.00	n/a	n/a	10.0%	n/a
Chewelah School District	20	3	$563.47	$634.38	1.126	$201.45	$218.30	1.084	35.8%	34.4%
Chimacum School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Clarkston School District	1	0	$664.10	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Cle Elum-Roslyn School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Clover Park School District	41	16	$634.90	$1,045.97	1.647	$257.15	$702.59	2.732	40.5%	67.2%
Colfax School District	4	2	$720.95	$1,424.14	1.975	$0.00	$357.29	n/a	0.0%	25.1%
College Place School District	24	12	$633.97	$926.51	1.461	$60.29	$376.18	6.239	9.5%	40.6%
Colton School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Columbia (Stevens) School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Columbia (Walla Walla) School District	10	9	$616.20	$967.44	1.570	$44.42	$334.69	7.534	7.2%	34.6%
Colville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Concrete School District	15	4	$655.15	$863.10	1.317	$67.74	$261.34	3.858	10.3%	30.3%
Conway School District	6	4	$652.48	$811.39	1.244	$27.30	$50.76	1.860	4.2%	6.3%
Cosmopolis School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Coulee-Hartline School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Coupeville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Crescent School District	3	4	$588.73	$789.06	1.340	$1.00	$163.05	163.053	0.2%	20.7%
Creston School District	3	2	$701.62	$843.05	1.202	$159.66	$292.90	1.835	22.8%	34.7%
Curlew School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cusick School District	6	9	$603.03	$821.72	1.363	$71.04	$189.80	2.672	11.8%	23.1%
Damman School District	1	1	$776.40	$900.55	1.160	$244.71	$900.55	3.680	31.5%	100.0%
Darrington School District	2	9	$897.00	$995.33	1.110	$146.00	$309.56	2.120	16.3%	31.1%
Davenport School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dayton School District	1	0	$424.60	n/a	n/a	$182.11	n/a	n/a	42.9%	n/a
Deer Park School District	48	20	$539.02	$836.42	1.552	$49.48	$269.11	5.439	9.2%	32.2%
Dieringer School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dixie School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Spokane)	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
East Valley School District (Yakima)	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Eastmont School District	59	30	$585.68	$843.05	1.439	$18.59	$94.91	5.105	3.2%	11.3%
Easton School District	1	2	$897.00	$935.00	1.042	$115.00	$153.00	1.330	12.8%	16.4%

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[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Eatonville School District	33	16	$609.31	$990.36	1.625	$116.13	$318.09	2.739	19.1%	32.1%
Edmonds School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ellensburg School District	2	5	$555.33	$812.88	1.464	$71.15	$261.80	3.680	12.8%	32.2%
Elma School District	36	16	$635.87	$862.45	1.356	$2.63	$0.00	0.000	0.4%	0.0%
Endicott School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Entiat School District	5	7	$520.40	$722.36	1.388	$81.54	$29.45	0.361	15.7%	4.1%
Enumclaw School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ephrata School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Evaline School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Everett School District	73	132	$808.37	$1,386.38	1.715	$213.14	$373.86	1.754	26.4%	27.0%
Evergreen School District (Clark)	11	13	$592.73	$976.59	1.648	$115.50	$296.15	2.564	19.5%	30.3%
Evergreen School District (Stevens)	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Federal Way School District	295	118	$688.07	$1,082.98	1.574	$100.63	$478.01	4.750	14.6%	44.1%
Ferndale School District	28	14	$616.25	$956.13	1.552	$0.00	$135.67	n/a	0.0%	14.2%
Fife School District	35	37	$645.41	$1,050.34	1.627	$123.60	$209.51	1.695	19.1%	19.9%
Finley School District	16	7	$629.92	$812.44	1.290	$77.93	$89.97	1.155	12.4%	11.1%
Franklin Pierce School District	135	57	$640.02	$944.66	1.476	$48.95	$300.40	6.137	7.6%	31.8%
Freeman School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Garfield School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Glenwood School District	7	0	$649.70	n/a	n/a	$74.06	n/a	n/a	11.4%	n/a
Goldendale School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grand Coulee Dam School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grandview School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Granger School District	26	16	$609.18	$1,041.49	1.710	$38.36	$245.73	6.406	6.3%	23.6%
Granite Falls School District	26	10	$585.11	$870.97	1.489	$7.11	$183.03	25.754	1.2%	21.0%
Grapeview School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Great Northern School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Green Mountain School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Griffin School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Harrington School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Highland School District	31	10	$608.21	$1,028.95	1.692	$66.42	$430.17	6.477	10.9%	41.8%
Highline School District	313	111	$696.45	$1,000.41	1.436	$97.16	$416.23	4.284	14.0%	41.6%

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[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Hockinson School District	17	8	$579.34	$1,193.90	2.061	$23.83	$496.28	20.829	4.1%	41.6%
Hood Canal School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hoquiam School District	29	17	$600.13	$931.27	1.552	$40.16	$347.97	8.664	6.7%	37.4%
Inchelium School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Index School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Issaquah School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kahlotus School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kalama School District	6	2	$703.72	$1,010.81	1.436	$130.17	$372.26	2.860	18.5%	36.8%
Keller School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kelso School District	95	35	$610.70	$1,007.33	1.649	$82.39	$494.32	6.000	13.5%	49.1%
Kennewick School District	266	148	$661.49	$1,046.70	1.582	$74.84	$366.17	4.893	11.3%	35.0%
Kent School District	315	160	$627.36	$1,013.11	1.615	$38.61	$319.91	8.286	6.2%	31.6%
Kettle Falls School District	17	4	$585.55	$806.45	1.377	$59.77	$308.25	5.157	10.2%	38.2%
Kiona-Benton City School District	20	12	$645.76	$839.85	1.301	$26.86	$261.36	9.730	4.2%	31.1%
Kittitas School District	1	0	$848.00	n/a	n/a	$66.00	n/a	n/a	7.8%	n/a
Klickitat School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
La Center School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
La Conner School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LaCrosse School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Chelan School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Quinault School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Stevens School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lake Washington School District	135	132	$598.14	$1,081.61	1.808	$123.19	$419.18	3.403	20.6%	38.8%
Lakewood School District	32	20	$520.87	$584.84	1.123	$42.91	$198.71	4.631	8.2%	34.0%
Lamont School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Liberty School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lind School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Longview School District	108	43	$663.27	$839.71	1.266	$13.09	$117.39	8.965	2.0%	14.0%
Loon Lake School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Lopez School District	9	9	$483.68	$966.20	1.998	$176.93	$454.86	2.571	36.6%	47.1%
Lyle School District	8	3	$646.80	$1,284.91	1.987	$114.18	$285.15	2.497	17.7%	22.2%
Lynden School District	57	34	$539.35	$809.32	1.501	$29.43	$105.62	3.589	5.5%	13.1%

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K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Mabton School District	16	2	$707.31	$1,280.33	1.810	$76.02	$646.75	8.507	10.7%	50.5%
Mansfield School District	1	3	$859.00	$965.33	1.124	$321.40	$261.33	0.813	37.4%	27.1%
Manson School District	20	8	$558.94	$884.25	1.582	$7.94	$276.91	34.896	1.4%	31.3%
Mary M Knight School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mary Walker School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Marysville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
McCleary School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mead School District	197	98	$670.78	$1,032.34	1.539	$190.04	$546.14	2.874	28.3%	52.9%
Medical Lake School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mercer Island School District	54	42	$634.88	$968.44	1.525	$133.35	$429.49	3.221	21.0%	44.3%
Meridian School District	29	18	$574.21	$945.87	1.647	$37.90	$311.65	8.222	6.6%	32.9%
Methow Valley School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mill A School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Monroe School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Montesano School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Morton School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Moses Lake School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mossyrock School District	11	6	$543.79	$807.77	1.485	$89.25	$254.51	2.852	16.4%	31.5%
Mount Adams School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Baker School District	40	30	$562.57	$993.84	1.767	$32.94	$296.13	8.990	5.9%	29.8%
Mount Pleasant School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mount Vernon School District	0	1	n/a	$946.00	n/a	n/a	$370.00	n/a	n/a	39.1%
Mukilteo School District	207	118	$684.92	$1,068.59	1.560	$74.17	$390.34	5.263	10.8%	36.5%
Naches Valley School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Napavine School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Naselle-Grays River Valley School District	6	7	$695.50	$1,011.01	1.454	$102.62	$153.64	1.497	14.8%	15.2%
Nespelem School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Newport School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nine Mile Falls School District	16	13	$683.40	$825.85	1.208	$86.71	$384.75	4.437	12.7%	46.6%
Nooksack Valley School District	18	10	$545.34	$1,015.42	1.862	$45.88	$420.83	9.173	8.4%	41.4%
North Beach School District	19	5	$623.42	$900.55	1.445	$91.02	$407.83	4.481	14.6%	45.3%
North Franklin School District	36	24	$583.71	$802.29	1.374	$11.36	$168.42	14.832	1.9%	21.0%

[1]As of the end of the Plan Year ending in 2013

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
North Kitsap School District	60	45	$576.19	$843.47	1.464	$54.90	$314.98	5.737	9.5%	37.3%
North Mason School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North River School District	1	0	$664.10	n/a	n/a	$329.73	n/a	n/a	49.7%	n/a
North Thurston Public Schools	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Northport School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Northshore School District	4	8	$600.05	$868.64	1.448	$275.09	$476.49	1.732	45.8%	54.9%
Oak Harbor School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oakesdale School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oakville School District	10	6	$579.98	$788.18	1.359	$45.12	$111.63	2.474	7.8%	14.2%
Ocean Beach School District	22	10	$579.03	$771.33	1.332	$51.12	$132.98	2.601	8.8%	17.2%
Ocosta School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Odessa School District	4	11	$526.93	$715.29	1.357	$12.37	$269.28	21.773	2.3%	37.6%
Okanogan School District	7	2	$555.42	$669.08	1.205	$49.29	$129.22	2.622	8.9%	19.3%
Olympia School District	105	56	$615.73	$920.67	1.495	$66.75	$272.40	4.081	10.8%	29.6%
Omak School District	30	11	$600.22	$924.56	1.540	$151.25	$402.05	2.658	25.2%	43.5%
Onalaska School District	11	13	$483.58	$744.03	1.539	$6.54	$138.81	21.225	1.4%	18.7%
Onion Creek School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orcas Island School District	10	18	$564.90	$879.46	1.557	$209.77	$396.95	1.892	37.1%	45.1%
Orchard Prairie School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orient School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orondo School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oroville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Orting School District	18	15	$581.35	$897.90	1.545	$16.58	$294.70	17.772	2.9%	32.8%
Othello School District	98	44	$560.73	$813.84	1.451	$26.35	$223.38	8.478	4.7%	27.4%
Palisades School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Palouse School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pasco School District	247	100	$640.50	$874.08	1.365	$79.83	$304.31	3.812	12.5%	34.8%
Pateros School District	7	0	$455.90	n/a	n/a	$28.84	n/a	n/a	6.3%	n/a
Paterson School District	6	1	$492.82	$926.10	1.879	$43.82	$342.62	7.819	8.9%	37.0%
Pe Ell School District	1	0	$424.60	n/a	n/a	$4.25	n/a	n/a	1.0%	n/a
Peninsula School District	143	82	$628.92	$1,073.75	1.707	$80.56	$471.66	5.855	12.8%	43.9%
Pioneer School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1]As of the end of the Plan Year ending in 2013

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Pomeroy School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Port Angeles School District	80	44	$606.05	$853.16	1.408	$72.09	$232.48	3.225	11.9%	27.2%
Port Townsend School District	21	8	$594.56	$991.23	1.667	$26.87	$169.14	6.294	4.5%	17.1%
Prescott School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Prosser School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Pullman School District	42	12	$600.24	$800.04	1.333	$40.83	$250.28	6.130	6.8%	31.3%
Puyallup School District	261	93	$628.23	$1,017.95	1.620	$92.53	$362.48	3.917	14.7%	35.6%
Queets-Clearwater School District	2	2	$424.60	$745.55	1.756	$0.00	$0.00	n/a	0.0%	0.0%
Quilcene School District	7	1	$771.89	$1,239.10	1.605	$179.02	$556.22	3.107	23.2%	44.9%
Quillayute Valley School District	8	2	$560.66	$745.55	1.330	$76.44	$261.48	3.421	13.6%	35.1%
Quincy School District	69	18	$661.70	$933.74	1.411	$86.75	$297.81	3.433	13.1%	31.9%
Rainier School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Raymond School District	13	3	$655.42	$881.55	1.345	$0.00	$75.20	n/a	0.0%	8.5%
Reardan-Edwall School District	7	2	$541.54	$784.78	1.449	$138.20	$318.77	2.307	25.5%	40.6%
Renton School District	280	117	$605.45	$904.37	1.494	$57.41	$311.78	5.431	9.5%	34.5%
Republic School District	5	4	$424.60	$691.83	1.629	$59.58	$254.21	4.267	14.0%	36.7%
Richland School District	158	74	$581.83	$854.46	1.469	$60.72	$292.18	4.812	10.4%	34.2%
Ridgefield School District	6	10	$616.07	$991.09	1.609	$8.48	$288.21	34.007	1.4%	29.1%
Ritzville School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Riverside School District	18	10	$676.92	$1,098.13	1.622	$94.98	$496.33	5.225	14.0%	45.2%
Riverview School District	31	25	$602.55	$804.08	1.334	$137.77	$375.20	2.723	22.9%	46.7%
Rochester School District	25	26	$701.10	$885.09	1.262	$101.83	$236.52	2.323	14.5%	26.7%
Roosevelt School District	2	0	$664.10	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Rosalia School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Royal School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
San Juan Island School District	15	13	$567.04	$963.45	1.699	$47.01	$319.37	6.793	8.3%	33.1%
Satsop School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Seattle Public Schools	210	150	$574.10	$989.02	1.723	$138.33	$548.33	3.964	24.1%	55.4%
Sedro-Woolley School District	39	21	$699.08	$800.78	1.145	$140.22	$249.44	1.779	20.1%	31.1%
Selah School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Selkirk School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sequim School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1]As of the end of the Plan Year ending in 2013

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A7b
Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees
Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Shaw Island School District	1	2	$424.60	$942.83	2.221	$40.60	$555.37	13.679	9.6%	58.9%
Shelton School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Shoreline School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Skamania School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Skykomish School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Snohomish School District	128	105	$623.85	$956.67	1.534	$84.95	$339.97	4.002	13.6%	35.5%
Snoqualmie Valley School District	56	45	$660.93	$1,162.25	1.759	$124.20	$633.57	5.101	18.8%	54.5%
Soap Lake School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
South Bend School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
South Kitsap School District	57	24	$642.15	$954.21	1.486	$44.42	$219.13	4.933	6.9%	23.0%
South Whidbey School District	30	15	$599.37	$921.72	1.538	$64.98	$352.66	5.428	10.8%	38.3%
Southside School District	2	0	$0.00	n/a	n/a	$0.00	n/a	n/a	n/a	n/a
Spokane School District	352	223	$650.57	$1,057.14	1.625	$98.95	$340.03	3.436	15.2%	32.2%
Sprague School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
St. John School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stanwood-Camano School District	71	45	$611.34	$970.24	1.587	$43.85	$245.19	5.592	7.2%	25.3%
Star School District	1	0	$699.41	n/a	n/a	$47.39	n/a	n/a	6.8%	n/a
Starbuck School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stehekin School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Steilacoom Hist. School District	26	16	$574.10	$900.15	1.568	$9.89	$75.54	7.641	1.7%	8.4%
Steptoe School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Stevenson-Carson School District	13	8	$606.28	$1,139.20	1.879	$8.46	$366.71	43.366	1.4%	32.2%
Sultan School District	1	0	$776.65	n/a	n/a	$279.82	n/a	n/a	36.0%	n/a
Summit Valley School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sumner School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sunnyside School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tacoma School District	128	159	$745.88	$1,346.76	1.806	$589.76	$1,085.51	1.841	79.1%	80.6%
Taholah School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tahoma School District	113	80	$610.30	$931.79	1.527	$51.82	$370.00	7.140	8.5%	39.7%
Tekoa School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tenino School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Thorp School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1]As of the end of the Plan Year ending in 2013

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Toledo School District	18	4	$583.73	$1,092.24	1.871	$113.03	$513.16	4.540	19.4%	47.0%
Tonasket School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toppenish School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Touchet School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Toutle Lake School District	15	6	$608.01	$817.81	1.345	$88.86	$304.01	3.421	14.6%	37.2%
Trout Lake School District	2	0	$673.88	n/a	n/a	$3.37	n/a	n/a	0.5%	n/a
Tukwila School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tumwater School District	115	45	$691.10	$963.57	1.394	$92.42	$319.57	3.458	13.4%	33.2%
Union Gap School District	15	6	$534.58	$642.13	1.201	$59.52	$200.85	3.374	11.1%	31.3%
University Place School District	4	0	$649.04	n/a	n/a	$31.87	n/a	n/a	4.9%	n/a
Valley School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Vancouver School District	342	163	$631.54	$973.83	1.542	$60.64	$394.94	6.512	9.6%	40.6%
Vashon Island School District	9	8	$664.72	$836.16	1.258	$3.46	$85.84	24.794	0.5%	10.3%
Wahkiakum School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wahluke School District	54	4	$675.50	$1,191.63	1.764	$22.45	$324.64	14.459	3.3%	27.2%
Waitsburg School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Walla Walla Public Schools	135	55	$598.19	$937.64	1.567	$61.29	$330.39	5.390	10.2%	35.2%
Wapato School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Warden School District	4	12	$859.00	$950.83	1.107	$149.67	$246.83	1.649	17.4%	26.0%
Washougal School District	56	12	$689.69	$1,254.33	1.819	$87.55	$651.10	7.437	12.7%	51.9%
Washtucna School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Waterville School District	6	6	$530.75	$672.95	1.268	$73.42	$122.81	1.673	13.8%	18.2%
Wellpinit School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wenatchee School District	123	70	$542.01	$809.62	1.494	$38.02	$227.02	5.972	7.0%	28.0%
West Valley School District (Spokane)	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West Valley School District (Yakima)	57	46	$694.88	$940.06	1.353	$103.16	$329.03	3.189	14.8%	35.0%
White Pass School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
White River School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
White Salmon Valley School District	20	2	$574.78	$1,546.56	2.691	$66.22	$632.27	9.548	11.5%	40.9%
Wilbur School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Willapa Valley School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wilson Creek School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1]As of the end of the Plan Year ending in 2013

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A7b

Average Costs and Contributions by District — Differential by Employee/Family Contributions — Part-Time Employees

Census October 1, 2013 — Reporting Districts Only

District	Part-Time Enrollment[1]		Average Premiums			Average Contributions			Contribution % of Premium	
	EE	ED[2]	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]	Ratio ED[2]/EE	EE	ED[2]
Winlock School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wishkah Valley School District	8	1	$616.74	$889.70	1.443	$44.19	$19.01	0.430	7.2%	2.1%
Wishram School District	2	0	$424.60	n/a	n/a	$0.00	n/a	n/a	0.0%	n/a
Woodland School District	58	28	$614.97	$862.52	1.403	$57.53	$241.44	4.196	9.4%	28.0%
Yakima School District	34	18	$784.83	$1,047.70	1.335	$99.63	$361.58	3.629	12.7%	34.5%
Yelm School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Zillah School District	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Low	**0**	**0**	**$0.00**	**$584.84**	**1.042**	**$0.00**	**$0.00**	**0.000**	**0.0%**	**0.0%**
Average	**30**	**17**	**$628.38**	**$980.78**	**1.561**	**$89.87**	**$372.27**	**4.143**	**14.3%**	**38.0%**
High	**352**	**223**	**$897.00**	**$1,546.56**	**2.691**	**$589.76**	**$1,085.51**	**163.053**	**79.1%**	**100.0%**
Grand Total	**8,897**	**5,025**								

[1]As of the end of the Plan Year ending in 2013

[2]ED = Employee + Dependents. This represents all coverage that is not employee-only.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8a
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Employee Counts
Calendar Year 2013

	Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 003	161	161	162	162	161	161	161	161	161				**1,451**
Benefit Package 004	80	79	79	79	78	78	78	78	78				**707**
Benefit Package 005	76	75	75	75	75	74	74	74	74				**672**
Benefit Package 006	9	11	10	10	10	10	10	10	10				**90**
Benefit Package 007	7	7	7	7	7	7	7	7	7				**63**
Benefit Package 008	1	2	2	2	2	2	2	1	1	1	0	0	**16**
Benefit Package 009	56	56	56	56	56	56	56	54	54	55	60	59	**674**
Benefit Package 010	261	261	260	257	256	256	256	255	252	256	260	258	**3,088**
Benefit Package 011	91	92	93	93	92	92	92	94	93	92	96	96	**1,116**
Benefit Package 012	128	128	127	127	126	125	124	120	116	233	273	278	**1,905**
Benefit Package 013	134	134	134	132	129	129	129	129	128	264	360	361	**2,163**
Benefit Package 014	230	239	242	240	242	240	238	218	196	403			**2,488**
Benefit Package 016	158	156	155	153	153	153	153	152	150	314	84	84	**1,865**
Benefit Package 017	6,436	6,513	6,575	6,606	6,621	6,638	6,629	6,621	6,648	7,025	10,739	10,885	**87,936**
Benefit Package 018	3,220	3,248	3,264	3,286	3,287	3,296	3,304	3,287	3,301	3,452	4,887	4,954	**42,786**
Benefit Package 019	1,492	1,516	1,526	1,534	1,542	1,544	1,544	1,551	1,572	1,572	1,928	1,951	**19,272**
Benefit Package 020	107	108	112	112	115	115	113	106	97	93	0	0	**1,078**
Benefit Package 021	111	112	112	111	111	112	109	107	90	82	0	0	**1,057**
Benefit Package 022	519	520	519	517	517	516	516	514	512	1,026	524	525	**6,725**
Benefit Package 024	28	27	27	26	26	26	26	26	27	46	187	189	**661**
Benefit Package 025	628	651	670	687	697	704	705	706	717	826	1,343	1,386	**9,720**
Benefit Package 027	134	132	133	132	130	130	130	130	128	264			**1,443**
Benefit Package 029	496	495	493	491	491	489	486	481	480	957			**5,359**
Benefit Package 030	521	520	520	519	517	516	516	516	517	1,008	917	918	**7,505**
Benefit Package 031	853	846	845	848	848	846	842	839	838	1,690	823	827	**10,945**
Benefit Package 032	300	299	299	300	300	301	300	298	296	605			**3,298**
Benefit Package 033	245	246	245	246	245	244	245	247	245	499			**2,707**
Benefit Package 034	107	105	108	108	108	107	108	106	105	217			**1,179**
Benefit Package 038	126	126	126	128	129	129	129	129	130	231			**1,383**
Benefit Package 039	225	225	224	224	224	221	221	220	219	241			**2,244**
Benefit Package 040	115	115	115	115	114	114	113	111	111	72	56	55	**1,206**
Benefit Package 043	24	24	24	24	24	24	24	24	23				**215**
Benefit Package 044	499	502	500	500	503	505	503	500	503	509	515	518	**6,057**
Benefit Package 045	109	109	109	108	107	108	107	107	107	57			**1,028**
Benefit Package 046	94	94	93	94	94	95	95	94	94	58	85	84	**1,074**
Benefit Package 047	19	19	19	19	19	19	19	19	19	1			**172**
Benefit Package 048	29	29	29	28	28	28	28	28	28	2	3	3	**263**
Benefit Package 049	34	34	34	34	33	33	33	33	33	27	25	25	**378**
Benefit Package 050	55	57	58	57	57	56	56	56	56	58	56	56	**678**
Benefit Package 051	9	9	9	9	9	9	9	9	8	5	5	5	**95**
Benefit Package 052	3	3	3	3	3	3	3	3	3	3	3	3	**36**
Benefit Package 053	4	4	4	4	4	4	4	4	4				**36**
Benefit Package 056	80	81	80	79	79	79	79	78	78	79	78	79	**949**
Benefit Package 057	15	15	15	15	15	15	16	17	17	16	16	16	**188**
Benefit Package 058	38	38	37	36	35	35	35	34	35	39	38	41	**441**
Benefit Package 059	108	108	107	106	105	105	105	104	103	117	324	321	**1,713**
Benefit Package 060	72	72	72	72	72	72	72	72	72	94	358	359	**1,459**
Benefit Package 061	43	43	43	43	44	44	44	44	45	73	73	73	**612**
Benefit Package 062	20	20	20	20	20	20	20	19	19	33	261	266	**738**
Benefit Package 063	861	865	870	877	877	877	882	885	886	1,437	1,460	1,476	**12,253**
Benefit Package 064	194	194	195	195	195	196	197	198	197	195	195	195	**2,346**
Benefit Package 065	1,191	1,190	1,185	1,183	1,181	1,183	1,175	1,189	1,193	1,217	1,413	1,413	**14,713**
Benefit Package 066	778	778	785	788	791	796	795	794	789	811	822	836	**9,563**
Benefit Package 067	1,201	1,204	1,211	1,209	1,206	1,204	1,205	1,208	1,206	1,270	1,332	1,344	**14,800**
Benefit Package 068	523	526	528	529	529	529	529	531	529	514	518	522	**6,307**
Benefit Package 069	1,096	1,097	1,097	1,093	1,096	1,097	1,095	1,086	1,084	1,119	1,137	1,138	**13,235**
Benefit Package 070	515	505	507	506	506	505	505	501	499	498	501	501	**6,049**
Benefit Package 071	4,543	4,542	4,541	4,529	4,517	4,502	4,493	4,470	4,470	4,381	4,292	4,304	**53,584**
Benefit Package 072	3,609	3,608	3,617	3,622	3,630	3,635	3,634	3,620	3,618	3,197	3,224	3,228	**42,242**
Benefit Package 073	622	624	621	622	625	625	622	619	621	613	621	626	**7,461**
Benefit Package 074	2,735	2,746	2,753	2,751	2,747	2,748	2,739	2,727	2,721	2,866	2,868	2,872	**33,273**

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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Employee Counts
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	Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 075	1,448	1,447	1,445	1,441	1,440	1,437	1,430	1,425	1,423	1,426	1,479	1,482	**17,323**
Benefit Package 076	2,981	2,981	2,986	2,987	2,988	2,987	2,985	2,978	2,980	2,858	2,754	2,762	**35,227**
Benefit Package 077	267	268	268	266	267	267	265	263	263	188	196	196	**2,974**
Benefit Package 078	5	0	0	0	0	0	0	0	0	0			**5**
Benefit Package 079	29,610	29,626	29,599	29,575	29,563	29,538	29,514	29,366	29,318	26,634			**292,343**
Benefit Package 080	11,981	12,009	12,030	12,035	12,045	12,046	12,019	11,999	11,990	11,757			**119,911**
Benefit Package 081	11,200	11,182	11,145	11,121	11,098	11,080	11,036	10,973	10,937	9,977			**109,749**
Benefit Package 082	67	66	66	66	65	65	65	65	65	47	42	42	**721**
Benefit Package 083	2	2	2	2	2	2	2	2	2	2			**20**
Benefit Package 084	82	82	81	80	80	81	80	80	80	62			**788**
Benefit Package 085	11	11	11	11	11	11	11	10	10	2	4	4	**107**
Benefit Package 086	29	29	29	29	28	28	28	28	28	29	42	42	**369**
Benefit Package 087	189	189	190	191	191	190	190	189	188	179			**1,886**
Benefit Package 088	75	75	74	74	74	74	73	73	73	65			**730**
Benefit Package 089	1,381	1,385	1,375	1,366	1,363	1,360	1,361	1,360	1,356	1,332			**13,639**
Benefit Package 090	132	133	132	131	131	131	131	128	127	120			**1,296**
Benefit Package 091	57	60	61	60	60	60	60	60	60	60			**598**
Benefit Package 092	597	596	592	591	586	587	583	576	576	520	157	154	**6,115**
Benefit Package 093	606	603	601	601	600	602	596	595	590	541	395	392	**6,722**
Benefit Package 094	103	101	101	101	102	102	102	103	103	114			**1,032**
Benefit Package 095	442	441	442	440	442	440	439	444	441	446			**4,417**
Benefit Package 096	422	423	425	424	425	424	426	425	426	386			**4,206**
Benefit Package 097	216	214	213	213	212	211	212	211	209	197	123	121	**2,352**
Benefit Package 098	335	338	340	341	340	345	345	347	347	379	347	361	**4,165**
Benefit Package 099	14	15	14	14	14	14	14	14	12	15			**140**
Benefit Package 100	18	18	18	18	18	18	18	19	19	23	26	27	**240**
Benefit Package 104	260	260	263	264	268	269	271	275	273	300			**2,703**
Benefit Package 108	241	238	237	236	233	233	230	228	225	219			**2,320**
Benefit Package 110	143	139	141	140	134	141	143	141	141	142			**1,405**
Benefit Package 111	265	265	265	263	263	264	262	276	273	261			**2,657**
Benefit Package 113	35	38	35	35	35	35	35	33	33	33			**347**
Benefit Package 114	406	402	401	401	399	399	402	399	396	379			**3,984**
Benefit Package 115	22	22	22	22	22	23	21	22	22	21			**219**
Benefit Package 116	364	349	357	355	358	356	357	354	355	341			**3,546**
Benefit Package 121	375	374	372	372	371	372	373	372	372	0			**3,353**
Benefit Package 122	290	289	289	288	288	286	287	286	286	0			**2,589**
Benefit Package 123	12	13	13	14	14	14	14	14	14	0			**122**
Benefit Package 127	18	18	18	18	19	19	19	19	19	27			**194**
Benefit Package 128	211	211	212	209	210	209	210	213	212	215			**2,112**
Benefit Package 129	641	639	636	636	634	638	640	641	639	612			**6,356**
Benefit Package 130	438	436	435	433	434	433	428	426	426	439			**4,328**
Benefit Package 131	8	8	8	8	8	8	8	8	9	13	21	22	**129**
Benefit Package 132	9	9	9	9	9	9	9	9	8	7			**87**
Benefit Package 133	179	176	180	180	180	183	182	183	185	182			**1,810**
Benefit Package 134	61	61	63	66	65	65	65	57	64	62			**629**
Benefit Package 135	236	230	235	233	234	234	234	235	234	228			**2,333**
Benefit Package 136	27	36	28	28	28	28	28	25	26	27			**281**
Benefit Package 137	119	119	117	117	117	117	120	118	118	122			**1,184**
Benefit Package 138	6	6	7	7	7	7	7	7	7	8			**69**
Benefit Package 172										343	344	343	**1,030**
Benefit Package 173	196	195	197	197	196	195	195	194	193	186	185	184	**2,313**
Benefit Package 174											307	306	**613**
Benefit Package 175											265	267	**532**
Benefit Package 176											270	268	**538**
Benefit Package 177										104	312	311	**727**
Benefit Package 178										1	23	24	**48**
Benefit Package 179											20	19	**39**
Benefit Package 180										10	8	8	**26**
Benefit Package 181										7	6	6	**19**
Benefit Package 182											22,706	22,661	**45,367**
Benefit Package 183											14,047	14,097	**28,144**

Washington State Office of the Insurance Commissioner
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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Employee Counts
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	Employees												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 184											6,214	6,182	**12,396**
Benefit Package 185	1	1	1	1	1	1	1	1	1	2	1	1	**13**
Benefit Package 186	2	2	2	2	2	2	2	2	2	2	1	1	**22**
Benefit Package 187											52	54	**106**
Benefit Package 188	857	858	856	857	853	854	850	846	846	820	820	826	**10,143**
Benefit Package 189	715	716	715	717	715	717	718	722	723	737	745	748	**8,688**
Benefit Package 190	146	147	147	148	147	147	148	148	149	156	157	162	**1,802**
Benefit Package 191	6	6	6	6	6	6	6	6	6	7	7	7	**75**
Benefit Package 192											190	190	**380**
Benefit Package 193											11	12	**23**
Benefit Package 194											263	266	**529**
Benefit Package 195											38	34	**72**
Benefit Package 196											25	25	**50**
Benefit Package 197											314	313	**627**
Benefit Package 198											17	19	**36**
Benefit Package 199											262	261	**523**
Benefit Package 200											251	246	**497**
Benefit Package 201											200	198	**398**
Benefit Package 202											114	115	**229**
Benefit Package 203											166	162	**328**
Benefit Package 204											98	96	**194**
Benefit Package 205											1,290	1,286	**2,576**
Benefit Package 206											404	411	**815**
Benefit Package 207											85	87	**172**
Benefit Package 208											36	37	**73**
Benefit Package 209											312	309	**621**
Benefit Package 210											130	129	**259**
Benefit Package 211											110	109	**219**
Benefit Package 212											51	52	**103**
Benefit Package 213											41	42	**83**
Benefit Package 214											16	16	**32**
Benefit Package 215											393	390	**783**
Benefit Package 216											355	358	**713**
Benefit Package 217											470	473	**943**
Benefit Package 228											5	6	**11**
Benefit Package 229										13	15	17	**45**
Benefit Package 230										3	3	3	**9**
Benefit Package 231											46	46	**92**
Benefit Package 232										72	71	71	**214**
Benefit Package 233										94	94	94	**282**
Benefit Package 234											292	292	**584**
Benefit Package 235											156	156	**312**
Benefit Package 236											75	77	**152**
Benefit Package 237											54	56	**110**
Benefit Package 238											7	8	**15**
Benefit Package 239										171	173	172	**516**
Benefit Package 240										191	191	192	**574**
Grand Total	**104,737**	**104,902**	**104,988**	**104,978**	**104,955**	**104,946**	**104,789**	**104,414**	**104,293**	**104,729**	**101,660**	**102,036**	**1,251,427**

Washington State Office of the Insurance Commissioner
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Exhibit A8b
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts
Calendar Year 2013

	Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 003	111	111	114	114	110	111	110	110	109				**1,000**
Benefit Package 004	76	74	73	71	71	72	72	75	75				**659**
Benefit Package 005	76	75	75	71	68	69	70	70	68				**642**
Benefit Package 006	15	16	14	14	14	14	13	13	13				**126**
Benefit Package 007	12	12	12	12	12	12	12	12	12				**108**
Benefit Package 008	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Benefit Package 009	53	53	53	52	52	51	50	48	48	48	41	41	**590**
Benefit Package 010	159	154	154	152	151	149	150	151	147	152	151	151	**1,821**
Benefit Package 011	147	147	147	147	146	145	145	148	148	143	153	147	**1,763**
Benefit Package 012	118	117	115	113	113	115	115	109	107	212	251	253	**1,738**
Benefit Package 013	219	219	222	221	220	218	219	219	213	431	285	287	**2,973**
Benefit Package 014	99	100	101	100	104	105	105	100	79	184			**1,077**
Benefit Package 016	110	109	105	102	103	103	104	104	105	215	59	59	**1,278**
Benefit Package 017	9,358	9,434	9,471	9,525	9,539	9,573	9,581	9,561	9,615	9,905	13,742	13,834	**123,138**
Benefit Package 018	4,948	4,969	4,993	5,012	5,013	5,026	5,034	4,989	5,009	5,110	6,852	6,943	**63,898**
Benefit Package 019	2,142	2,184	2,202	2,214	2,223	2,225	2,222	2,220	2,254	2,256	2,592	2,612	**27,346**
Benefit Package 020	43	41	41	41	44	44	42	42	44	43	0	0	**425**
Benefit Package 021	52	52	52	50	50	49	49	48	41	29	0	0	**472**
Benefit Package 022	613	616	616	613	618	616	611	607	608	1,223	517	517	**7,775**
Benefit Package 024	40	40	41	38	38	39	39	39	41	68	138	137	**698**
Benefit Package 025	1,176	1,201	1,227	1,242	1,255	1,269	1,269	1,289	1,304	1,434	2,273	2,324	**17,263**
Benefit Package 027	117	112	111	106	105	103	103	103	102	218			**1,180**
Benefit Package 029	614	608	606	601	595	590	590	589	583	1,177			**6,553**
Benefit Package 030	554	558	556	544	537	532	530	526	524	1,087	1,005	997	**7,950**
Benefit Package 031	815	813	802	800	802	797	794	786	788	1,620	714	715	**10,246**
Benefit Package 032	374	376	376	374	375	375	369	368	364	741			**4,092**
Benefit Package 033	173	173	173	171	167	165	165	165	163	346			**1,861**
Benefit Package 034	92	92	92	91	91	91	88	81	79	180			**977**
Benefit Package 038	161	159	156	157	162	162	161	164	162	294			**1,738**
Benefit Package 039	222	222	219	216	215	213	212	211	206	314			**2,250**
Benefit Package 040	38	38	38	38	38	38	38	38	41	24	21	21	**411**
Benefit Package 043	4	4	4	4	4	4	4	4	4				**36**
Benefit Package 044	349	350	347	341	344	350	352	346	351	370	371	380	**4,251**
Benefit Package 045	59	58	60	61	60	60	60	58	59	20			**555**
Benefit Package 046	80	80	77	77	78	77	77	77	77	53	44	44	**841**
Benefit Package 047	12	12	12	12	12	12	12	12	12	0			**108**
Benefit Package 048	25	25	25	25	26	26	26	26	26	3	3	3	**239**
Benefit Package 049	20	20	20	20	20	20	20	20	20	13	9	9	**211**
Benefit Package 050	104	106	108	105	105	105	106	105	105	91	86	86	**1,212**
Benefit Package 051	3	3	3	3	3	3	3	3	3	3	3	3	**36**
Benefit Package 052	1	1	1	1	1	1	1	1	1	1	1	1	**12**
Benefit Package 053	2	2	2	2	2	2	2	2	2				**18**
Benefit Package 056	113	112	113	113	113	113	113	109	109	105	100	102	**1,315**
Benefit Package 057	25	24	24	24	24	24	24	24	24	17	17	17	**268**
Benefit Package 058	63	63	61	58	57	56	55	54	57	65	65	67	**721**
Benefit Package 059	45	45	46	44	44	48	49	48	48	57	210	209	**893**
Benefit Package 060	73	72	72	72	72	69	68	67	67	75	272	274	**1,253**
Benefit Package 061	59	60	60	60	60	60	60	60	60	67	67	65	**738**
Benefit Package 062	27	27	27	27	27	27	27	27	27	40	338	340	**961**
Benefit Package 063	751	749	751	755	754	751	755	759	764	910	921	931	**9,551**
Benefit Package 064	247	245	243	238	237	239	237	239	239	239	237	241	**2,881**
Benefit Package 065	1,745	1,755	1,751	1,752	1,759	1,762	1,753	1,785	1,779	1,820	2,039	2,058	**21,758**
Benefit Package 066	1,039	1,033	1,049	1,055	1,053	1,053	1,052	1,055	1,043	1,032	1,031	1,048	**12,543**
Benefit Package 067	1,397	1,403	1,407	1,407	1,399	1,391	1,390	1,401	1,390	1,473	1,509	1,508	**17,075**

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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts
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	Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 068	671	668	670	673	678	678	676	686	686	676	674	670	**8,106**
Benefit Package 069	905	909	905	915	917	920	923	907	899	875	874	874	**10,823**
Benefit Package 070	237	229	226	224	223	221	225	220	216	204	204	201	**2,630**
Benefit Package 071	4,318	4,306	4,297	4,285	4,256	4,232	4,231	4,201	4,194	3,947	3,716	3,704	**49,687**
Benefit Package 072	3,224	3,210	3,223	3,227	3,225	3,230	3,239	3,211	3,210	2,502	2,488	2,473	**36,462**
Benefit Package 073	882	875	864	864	866	867	864	871	877	855	870	867	**10,422**
Benefit Package 074	2,330	2,335	2,326	2,325	2,325	2,316	2,312	2,278	2,263	2,122	2,067	2,055	**27,054**
Benefit Package 075	1,478	1,473	1,475	1,480	1,473	1,478	1,462	1,445	1,446	1,458	1,497	1,498	**17,663**
Benefit Package 076	2,736	2,736	2,742	2,740	2,738	2,728	2,729	2,724	2,726	2,566	2,421	2,429	**32,015**
Benefit Package 077	238	238	235	231	232	230	230	225	221	145	159	160	**2,544**
Benefit Package 078	0	0	0	0	0	0	0	0	0	0			**0**
Benefit Package 079	20,454	20,421	20,377	20,367	20,348	20,345	20,319	20,258	20,198	18,941			**202,028**
Benefit Package 080	13,775	13,829	13,798	13,795	13,798	13,773	13,743	13,738	13,691	13,167			**137,107**
Benefit Package 081	7,311	7,306	7,292	7,301	7,287	7,264	7,234	7,167	7,135	6,659			**71,956**
Benefit Package 082	26	25	25	24	24	24	24	24	24	15	14	14	**263**
Benefit Package 083	2	2	2	2	2	2	2	2	2	2			**20**
Benefit Package 084	102	105	100	102	103	102	100	104	102	87			**1,007**
Benefit Package 085	4	4	4	4	4	4	4	4	4	2	2	2	**42**
Benefit Package 086	61	61	60	61	57	57	57	52	52	52	65	71	**706**
Benefit Package 087	84	84	85	83	83	82	81	82	81	79			**824**
Benefit Package 088	24	24	21	21	21	21	21	21	21	19			**214**
Benefit Package 089	1,526	1,516	1,519	1,509	1,509	1,504	1,501	1,499	1,498	1,451			**15,032**
Benefit Package 090	44	44	44	45	45	45	45	44	44	49			**449**
Benefit Package 091	78	82	82	81	82	81	81	80	80	83			**810**
Benefit Package 092	233	234	229	232	225	227	225	219	213	155	65	64	**2,321**
Benefit Package 093	391	389	387	386	384	383	387	380	376	354	263	259	**4,339**
Benefit Package 094	156	156	156	155	155	154	154	150	151	152			**1,539**
Benefit Package 095	413	405	408	405	402	396	391	391	390	370			**3,971**
Benefit Package 096	238	236	236	239	239	234	241	241	240	219			**2,363**
Benefit Package 097	87	83	79	79	79	78	81	79	77	76	37	34	**869**
Benefit Package 098	466	470	472	478	475	478	476	482	478	515	477	490	**5,757**
Benefit Package 099	21	23	22	22	22	22	22	22	20	22			**218**
Benefit Package 100	31	31	31	31	31	31	31	33	33	48	56	59	**446**
Benefit Package 104	404	407	406	408	409	408	406	420	419	469			**4,156**
Benefit Package 108	118	118	116	112	109	110	106	102	100	103			**1,094**
Benefit Package 110	58	59	59	59	57	58	57	54	54	57			**572**
Benefit Package 111	120	116	116	116	112	116	114	129	115	110			**1,164**
Benefit Package 113	7	17	7	6	6	6	6	6	6	5			**72**
Benefit Package 114	239	228	230	237	235	233	238	233	232	227			**2,332**
Benefit Package 115	5	5	5	5	5	5	5	5	5	5			**50**
Benefit Package 116	196	192	194	194	191	188	187	186	188	188			**1,904**
Benefit Package 121	203	201	199	198	198	198	194	194	193	1			**1,779**
Benefit Package 122	193	194	194	193	193	192	189	183	183	1			**1,715**
Benefit Package 123	18	19	19	21	21	20	18	19	19	0			**174**
Benefit Package 127	37	37	37	37	40	40	41	41	41	59			**410**
Benefit Package 128	401	401	399	397	396	396	396	404	403	396			**3,989**
Benefit Package 129	439	442	438	437	436	439	433	435	432	422			**4,353**
Benefit Package 130	544	550	550	545	549	549	546	553	555	552			**5,493**
Benefit Package 131	29	29	29	29	29	29	29	29	31	41	61	63	**428**
Benefit Package 132	11	11	11	11	11	11	11	11	7	3			**98**
Benefit Package 133	155	145	153	151	156	153	153	157	163	159			**1,545**
Benefit Package 134	77	77	78	80	80	80	80	65	79	79			**775**
Benefit Package 135	254	246	252	255	251	252	252	251	254	243			**2,510**
Benefit Package 136	15	20	16	14	15	15	15	15	15	15			**155**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts
Calendar Year 2013

	Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 137	233	223	227	227	228	229	235	230	231	234			**2,297**
Benefit Package 138	11	11	14	14	14	14	14	14	14	15			**135**
Benefit Package 172										294	293	291	**878**
Benefit Package 173	76	74	76	73	72	72	72	70	70	57	54	54	**820**
Benefit Package 174											350	344	**694**
Benefit Package 175											174	169	**343**
Benefit Package 176											265	265	**530**
Benefit Package 177										50	244	244	**538**
Benefit Package 178										2	48	49	**99**
Benefit Package 179											6	6	**12**
Benefit Package 180										4	4	4	**12**
Benefit Package 181										2	2	2	**6**
Benefit Package 182											15,423	15,343	**30,766**
Benefit Package 183											12,968	12,964	**25,932**
Benefit Package 184											4,383	4,353	**8,736**
Benefit Package 185	3	3	3	3	3	3	3	3	3	4	3	3	**37**
Benefit Package 186	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Benefit Package 187											73	78	**151**
Benefit Package 188	234	234	236	235	235	230	233	232	230	224	226	224	**2,773**
Benefit Package 189	935	931	927	909	926	927	935	939	942	930	930	933	**11,164**
Benefit Package 190	300	300	297	296	292	291	292	288	290	301	307	311	**3,565**
Benefit Package 191	11	11	11	11	11	11	11	11	11	11	11	11	**132**
Benefit Package 192											365	362	**727**
Benefit Package 193											21	21	**42**
Benefit Package 194											296	302	**598**
Benefit Package 195											27	15	**42**
Benefit Package 196											0	0	**0**
Benefit Package 197											102	102	**204**
Benefit Package 198											1	1	**2**
Benefit Package 199											64	59	**123**
Benefit Package 200											164	157	**321**
Benefit Package 201											151	150	**301**
Benefit Package 202											152	151	**303**
Benefit Package 203											71	69	**140**
Benefit Package 204											42	42	**84**
Benefit Package 205											1,162	1,142	**2,304**
Benefit Package 206											650	645	**1,295**
Benefit Package 207											109	110	**219**
Benefit Package 208											43	43	**86**
Benefit Package 209											92	90	**182**
Benefit Package 210											89	88	**177**
Benefit Package 211											35	35	**70**
Benefit Package 212											14	14	**28**
Benefit Package 213											47	47	**94**
Benefit Package 214											28	28	**56**
Benefit Package 215											579	573	**1,152**
Benefit Package 216											267	269	**536**
Benefit Package 217											391	389	**780**
Benefit Package 228											13	13	**26**
Benefit Package 229										17	20	23	**60**
Benefit Package 230										0	0	0	**0**
Benefit Package 231											30	30	**60**
Benefit Package 232										28	28	28	**84**
Benefit Package 233										55	55	56	**166**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Dependent Counts
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	Dependents												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 234											246	244	**490**
Benefit Package 235											182	183	**365**
Benefit Package 236											112	113	**225**
Benefit Package 237											63	64	**127**
Benefit Package 238											4	5	**9**
Benefit Package 239										97	95	92	**284**
Benefit Package 240										126	126	127	**379**
Grand Total	**96,842**	**96,934**	**96,911**	**96,917**	**96,873**	**96,806**	**96,690**	**96,386**	**96,252**	**97,361**	**93,827**	**93,941**	**1,155,740**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8c
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Claims
Calendar Year 2013

	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 003	$116,986	$135,958	$172,081	$89,757	$132,034	$256,906	$281,893	$220,621	$155,362				**$1,561,598**
Benefit Package 004	$51,821	$35,520	$49,419	$53,991	$50,901	$119,490	$52,321	$94,773	$58,610				**$566,847**
Benefit Package 005	$70,955	$223,050	$29,681	$38,898	$48,424	$49,506	$45,025	$28,409	$53,246				**$587,194**
Benefit Package 006	$19,729	$1,456	$1,974	$1,270	$430	$638	$4,069	$5,291	$1,606				**$36,463**
Benefit Package 007	$253	$0	$0	$13,708	$4,622	$777	$1,864	$386	$4,535				**$26,145**
Benefit Package 008	$0	$439	$236	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$675**
Benefit Package 009	$35,498	$78,630	$88,978	$106,222	$139,673	$88,164	$125,742	$143,524	$39,691	$100,665	$120,834	$41,400	**$1,109,020**
Benefit Package 010	$294,676	$222,493	$205,918	$206,261	$226,732	$145,602	$305,662	$218,898	$153,291	$145,297	$276,085	$282,923	**$2,683,839**
Benefit Package 011	$15,234	$19,050	$29,370	$18,912	$26,845	$13,432	$31,046	$16,940	$15,602	$46,648	$23,774	$26,872	**$283,726**
Benefit Package 012	$96,986	$79,386	$45,176	$52,278	$80,259	$98,846	$39,190	$95,412	$36,893	$102,274	$114,399	$131,044	**$972,143**
Benefit Package 013	$157,938	$66,247	$118,030	$91,853	$130,578	$84,935	$172,876	$112,040	$119,290	$268,530	$182,987	$224,684	**$1,729,988**
Benefit Package 014	$99,319	$113,749	$84,587	$113,147	$83,300	$128,010	$99,702	$174,738	$193,991	$244,350			**$1,334,893**
Benefit Package 016	$88,471	$113,125	$83,983	$131,851	$94,826	$123,300	$90,543	$112,046	$93,996	$267,726	$40,038	$24,950	**$1,264,854**
Benefit Package 017	$3,189,783	$2,841,540	$3,290,087	$3,628,236	$3,249,192	$4,223,723	$4,310,321	$4,266,141	$3,203,348	$3,824,475	$4,757,936	$4,984,072	**$45,768,853**
Benefit Package 018	$1,635,136	$1,759,923	$1,963,423	$1,733,908	$1,637,747	$2,100,388	$2,338,060	$2,137,759	$1,535,790	$1,799,746	$2,142,345	$2,829,547	**$23,613,773**
Benefit Package 019	$746,540	$677,857	$700,626	$833,064	$862,853	$947,956	$777,119	$840,175	$750,449	$797,515	$852,890	$950,630	**$9,737,673**
Benefit Package 020	$58,999	$48,284	$66,430	$45,335	$80,914	$74,082	$121,095	$97,939	$65,627	$216,678	$50,763	$4,558	**$930,704**
Benefit Package 021	$63,058	$30,904	$38,721	$27,619	$65,263	$24,943	$47,097	$26,517	$17,406	$46,939	$10,544	$307	**$399,317**
Benefit Package 022	$420,121	$462,711	$492,677	$481,428	$403,125	$383,774	$539,685	$534,728	$344,762	$686,897	$478,851	$316,065	**$5,544,823**
Benefit Package 024	$4,214	$4,090	$7,350	$7,356	$6,138	$16,501	$28,917	$10,986	$5,092	$15,977	$58,021	$48,768	**$213,410**
Benefit Package 025	$184,782	$136,595	$367,424	$248,628	$170,600	$199,843	$533,010	$289,786	$333,527	$299,690	$426,186	$405,967	**$3,596,036**
Benefit Package 027	$78,957	$77,234	$68,041	$81,937	$128,485	$143,303	$72,203	$84,643	$142,112	$130,348			**$1,007,262**
Benefit Package 029	$531,459	$322,290	$447,378	$380,437	$299,375	$445,238	$529,147	$482,822	$395,110	$923,039			**$4,756,293**
Benefit Package 030	$401,480	$357,177	$486,497	$493,027	$553,239	$316,252	$731,801	$441,667	$285,814	$862,857	$896,068	$835,051	**$6,660,930**
Benefit Package 031	$611,553	$518,658	$566,334	$547,199	$647,051	$746,260	$585,851	$442,245	$538,215	$1,249,476	$655,473	$628,612	**$7,736,927**
Benefit Package 032	$320,432	$201,472	$148,723	$198,055	$248,471	$232,048	$282,492	$164,846	$198,995	$439,624			**$2,435,158**
Benefit Package 033	$247,573	$124,695	$139,991	$272,534	$157,642	$179,240	$141,960	$178,831	$107,936	$476,180			**$2,026,583**
Benefit Package 034	$106,099	$127,159	$73,003	$159,292	$168,999	$94,838	$132,305	$106,520	$29,925	$76,699			**$1,074,838**
Benefit Package 038	$105,619	$107,421	$116,080	$108,274	$253,143	$59,708	$101,175	$100,974	$141,493	$146,880			**$1,240,767**
Benefit Package 039	$194,895	$229,054	$135,365	$171,965	$314,485	$133,508	$120,370	$161,253	$113,924	$178,166			**$1,752,985**
Benefit Package 040	$80,013	$160,751	$115,987	$110,327	$139,363	$123,970	$73,863	$87,945	$79,010	$76,764	$35,654	$43,540	**$1,127,188**
Benefit Package 043	$8,962	$10,291	$10,279	$44,987	$45,525	$11,185	$14,196	$14,590	$11,677				**$171,692**
Benefit Package 044	$324,440	$345,753	$377,793	$396,931	$427,399	$499,601	$556,680	$484,172	$575,000	$466,006	$538,080	$550,065	**$5,541,922**
Benefit Package 045	$59,163	$84,127	$99,938	$125,779	$46,892	$62,124	$147,195	$60,620	$130,392	$31,381			**$847,613**
Benefit Package 046	$31,437	$27,890	$89,901	$59,081	$84,400	$50,548	$59,084	$34,909	$50,625	$67,658	$77,621	$59,157	**$692,311**
Benefit Package 047	$9,172	$7,863	$6,769	$6,351	$10,282	$6,972	$9,082	$5,380	$19,283	$1,020			**$82,174**
Benefit Package 048	$8,280	$8,333	$9,443	$12,800	$18,284	$31,006	$28,820	$14,565	$21,639	$1,610	$2,223	$2,221	**$159,225**
Benefit Package 049	$16,386	$53,972	$19,042	$16,594	$11,858	$27,421	$15,796	$16,329	$11,244	$23,665	$9,214	$6,930	**$228,451**
Benefit Package 050	$42,937	$34,991	$54,708	$31,756	$67,350	$51,639	$24,983	$55,126	$42,456	$42,309	$42,016	$15,110	**$505,381**
Benefit Package 051	$1,261	$1,920	$2,554	$675	$1,091	$2,590	$2,242	$3,683	$1,969	$2,436	$1,204	$3,153	**$24,778**
Benefit Package 052	$1,264	$3,698	$182	$9,471	$4,555	$5,043	$750	$4,972	$1,826	$1,132	$3,571	$284	**$36,748**
Benefit Package 053	$21,825	$1,408	$575	$2,860	$1,469	$8,825	$23,631	$1,123	$479				**$62,195**
Benefit Package 056	$57,164	$31,028	$60,384	$23,060	$41,987	$34,647	$42,140	$55,087	$28,056	$43,529	$51,868	$55,759	**$524,709**
Benefit Package 057	$1,778	$2,167	$5,577	$4,837	$4,805	$6,092	$5,162	$7,961	$7,040	$8,362	$54,253	$3,534	**$111,568**
Benefit Package 058	$6,624	$36,365	$7,977	$2,823	$5,003	$6,392	$4,521	$40,706	$22,535	$13,910	$5,205	$6,352	**$158,413**
Benefit Package 059	$88,948	$184,021	$88,194	$80,171	$120,584	$179,237	$79,724	$139,483	$42,236	$39,381	$264,430	$188,001	**$1,494,410**
Benefit Package 060	$168,397	$98,047	$123,240	$49,115	$104,546	$53,899	$48,785	$67,259	$40,530	$51,511	$108,994	$95,290	**$1,009,613**
Benefit Package 061	$9,311	$10,313	$11,937	$11,040	$17,117	$13,006	$14,619	$19,551	$15,715	$20,406	$14,871	$11,079	**$168,965**
Benefit Package 062	$6,873	$4,152	$26,758	$4,324	$6,556	$5,765	$9,111	$9,083	$4,283	$4,152	$29,288	$77,238	**$187,583**
Benefit Package 063	$499,332	$551,816	$571,987	$497,443	$710,417	$622,802	$608,617	$1,012,241	$515,075	$1,028,647	$826,838	$755,689	**$8,200,904**
Benefit Package 064	$81,027	$131,731	$114,984	$90,684	$111,718	$92,554	$108,519	$249,087	$145,009	$89,495	$155,769	$68,583	**$1,439,160**
Benefit Package 065	$946,751	$834,075	$857,598	$1,049,183	$952,226	$941,810	$981,594	$1,446,719	$937,743	$1,096,889	$1,020,612	$820,080	**$11,885,280**
Benefit Package 066	$404,394	$366,887	$427,299	$356,548	$458,367	$448,194	$512,242	$626,918	$494,940	$484,399	$502,924	$496,214	**$5,579,325**
Benefit Package 067	$514,992	$675,501	$616,822	$750,117	$733,728	$745,558	$798,721	$845,137	$881,219	$644,080	$550,272	$783,024	**$8,539,170**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8c
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Claims
Calendar Year 2013

	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 068	$331,413	$377,294	$368,521	$429,123	$421,989	$440,312	$590,263	$557,367	$344,856	$407,952	$414,616	$443,914	**$5,127,619**
Benefit Package 069	$702,457	$722,646	$678,807	$730,833	$887,592	$687,433	$894,012	$988,293	$932,002	$914,628	$593,765	$561,113	**$9,293,582**
Benefit Package 070	$425,355	$289,923	$812,047	$1,010,602	$609,052	$247,832	$433,505	$466,193	$335,708	$355,061	$261,331	$273,747	**$5,520,354**
Benefit Package 071	$3,067,776	$2,512,005	$3,052,315	$2,971,583	$3,435,264	$3,210,454	$3,557,928	$3,798,722	$3,245,101	$2,744,318	$2,652,486	$2,510,625	**$36,758,578**
Benefit Package 072	$2,489,321	$1,817,706	$2,077,938	$2,586,110	$2,569,621	$2,132,504	$2,250,694	$2,482,129	$2,357,195	$2,117,116	$2,351,133	$2,146,084	**$27,377,551**
Benefit Package 073	$381,048	$321,286	$390,481	$268,284	$587,988	$377,996	$381,463	$522,348	$399,587	$500,675	$457,086	$445,724	**$5,033,966**
Benefit Package 074	$1,287,627	$1,219,565	$1,462,154	$1,993,736	$1,571,981	$1,608,019	$1,896,915	$1,706,246	$1,592,595	$1,505,417	$1,874,905	$1,664,181	**$19,383,338**
Benefit Package 075	$936,462	$898,833	$1,220,646	$1,857,181	$1,273,617	$1,039,060	$1,774,922	$1,149,195	$1,427,048	$1,376,225	$1,053,830	$1,203,532	**$15,210,552**
Benefit Package 076	$2,168,084	$1,987,643	$2,297,808	$1,979,478	$2,346,858	$2,007,776	$2,398,705	$2,374,618	$2,100,166	$2,139,268	$1,768,925	$1,949,903	**$25,519,231**
Benefit Package 077	$201,969	$111,431	$221,844	$172,325	$167,661	$140,342	$229,934	$181,267	$121,313	$76,574	$58,502	$127,240	**$1,810,402**
Benefit Package 078	$5,150	$3,655	$5,698	$1,007	$748	$384	$152	$82	$82	$260			**$17,219**
Benefit Package 079	$23,490,757	$21,896,744	$23,156,630	$24,400,396	$23,668,032	$26,658,669	$28,331,871	$27,385,866	$23,540,880	$25,939,756			**$248,469,600**
Benefit Package 080	$7,412,437	$6,758,909	$7,419,344	$7,912,954	$7,598,850	$8,137,698	$8,705,438	$8,841,423	$7,521,799	$8,328,121			**$78,636,972**
Benefit Package 081	$10,805,769	$10,565,047	$11,690,712	$10,901,583	$11,262,479	$11,547,049	$13,251,417	$11,475,766	$9,926,454	$10,286,889			**$111,713,166**
Benefit Package 082	$42,847	$28,642	$49,233	$20,264	$29,118	$32,572	$28,346	$69,964	$48,305	$19,193	$17,961	$25,764	**$412,208**
Benefit Package 083	$42,881	$2,118	$26,276	$1,940	$1,534	$219	$1,029	$3,008	$1,264	$5,357			**$85,626**
Benefit Package 084	$53,328	$60,533	$43,889	$85,135	$57,421	$42,071	$53,440	$137,891	$65,414	$55,248			**$654,370**
Benefit Package 085	$12,278	$5,076	$4,686	$5,318	$4,923	$7,537	$4,953	$12,157	$4,294	$4,288	$6,736	$5,590	**$77,837**
Benefit Package 086	$2,715	$2,226	$5,513	$14,337	$58,124	$12,525	$49,945	$6,362	$35,329	$78,961	$8,328	$7,966	**$282,333**
Benefit Package 087	$171,599	$96,452	$154,221	$78,748	$163,809	$135,264	$211,049	$188,133	$147,293	$117,653			**$1,464,221**
Benefit Package 088	$26,729	$25,195	$64,374	$51,047	$80,496	$39,028	$21,690	$45,970	$41,187	$31,031			**$426,748**
Benefit Package 089	$977,524	$1,032,169	$1,019,318	$779,694	$775,837	$1,081,711	$767,218	$1,447,326	$760,422	$827,037			**$9,468,258**
Benefit Package 090	$69,042	$108,795	$69,368	$80,331	$137,765	$73,039	$73,411	$109,551	$63,115	$64,248			**$848,664**
Benefit Package 091	$2,222	$1,453	$2,288	$2,253	$27,084	$9,791	$6,774	$9,554	$7,000	$5,240			**$73,660**
Benefit Package 092	$702,427	$464,797	$586,251	$524,808	$810,561	$437,311	$594,338	$721,512	$961,880	$486,697	$223,482	$300,510	**$6,814,575**
Benefit Package 093	$620,693	$382,648	$403,217	$422,138	$551,549	$423,178	$383,508	$604,970	$553,218	$383,691	$490,372	$339,316	**$5,558,498**
Benefit Package 094	$49,795	$29,410	$48,207	$43,778	$45,759	$37,146	$31,207	$75,527	$41,731	$62,838			**$465,398**
Benefit Package 095	$345,545	$274,213	$416,341	$405,962	$267,104	$215,009	$248,840	$273,433	$332,958	$208,879			**$2,988,283**
Benefit Package 096	$143,385	$273,631	$232,034	$165,521	$181,208	$165,462	$207,901	$352,406	$260,386	$183,794			**$2,165,727**
Benefit Package 097	$239,900	$131,631	$132,739	$134,531	$185,467	$104,291	$102,525	$206,688	$114,860	$123,964	$95,388	$42,840	**$1,614,826**
Benefit Package 098	$117,066	$99,356	$190,995	$171,640	$234,406	$161,222	$152,915	$174,073	$141,560	$207,572	$266,539	$214,907	**$2,132,250**
Benefit Package 099	$670	$4,840	$74	$0	$1,554	$568	$1,231	$1,006	$783	$2,229			**$12,955**
Benefit Package 100	$265	$1,433	$248	$584	$1,221	$5,125	$926	$7,713	$558	$2,456	$1,701	$992	**$23,221**
Benefit Package 104	$124,653	$112,138	$97,278	$99,843	$137,598	$89,925	$109,871	$135,041	$96,140	$106,031			**$1,108,518**
Benefit Package 108	$387,551	$186,926	$224,895	$170,525	$161,635	$119,633	$163,250	$300,551	$173,810	$274,320			**$2,163,095**
Benefit Package 110	$106,720	$69,225	$72,908	$119,147	$77,520	$85,277	$49,778	$148,573	$116,907	$131,229			**$977,284**
Benefit Package 111	$182,970	$140,508	$255,409	$293,336	$188,951	$133,392	$165,943	$556,664	$91,045	$149,752			**$2,157,970**
Benefit Package 113	$16,416	$16,399	$16,135	$20,577	$32,357	$27,770	$30,439	$46,579	$17,067	$35,489			**$259,227**
Benefit Package 114	$199,863	$252,458	$339,477	$277,247	$426,841	$318,731	$209,713	$529,851	$324,779	$328,822			**$3,207,782**
Benefit Package 115	$33,977	$70,650	$75,670	$28,466	$69,585	$38,186	$17,902	$22,036	$57,927	$29,649			**$444,047**
Benefit Package 116	$1,091,248	$296,527	$354,346	$359,995	$357,278	$377,942	$716,723	$572,919	$469,395	$324,697			**$4,921,070**
Benefit Package 121	$462,968	$443,042	$430,927	$329,196	$422,650	$630,723	$335,001	$478,910	$289,857	$252,825			**$4,076,100**
Benefit Package 122	$262,785	$106,311	$218,397	$172,507	$195,739	$144,087	$194,718	$190,512	$250,004	$292,716			**$2,027,776**
Benefit Package 123	$612	$196	$7,954	$7,292	$4,065	$3,382	$841	$6,052	$7,768	$1,281			**$39,442**
Benefit Package 127	$6,011	$6,519	$4,855	$8,136	$17,896	$5,555	$9,856	$19,685	$13,772	$12,828			**$105,112**
Benefit Package 128	$176,412	$184,386	$199,771	$138,572	$246,165	$315,601	$104,744	$229,491	$153,686	$138,898			**$1,887,725**
Benefit Package 129	$507,784	$627,549	$563,828	$531,625	$350,818	$372,758	$385,384	$677,259	$383,071	$371,708			**$4,771,784**
Benefit Package 130	$242,239	$253,251	$469,645	$317,895	$310,986	$316,738	$257,911	$415,925	$317,515	$264,734			**$3,166,840**
Benefit Package 131	$817	$1,030	$834	$874	$1,682	$3,760	$2,096	$1,565	$1,191	$6,909	$20,858	$13,987	**$55,602**
Benefit Package 132	$206	$250	$2,138	$627	$691	$423	$381	$5,491	$376	$261			**$10,844**
Benefit Package 133	$191,970	$116,824	$188,684	$111,249	$135,691	$125,919	$129,836	$145,207	$77,796	$102,542			**$1,325,717**
Benefit Package 134	$3,765	$4,327	$25,997	$2,681	$17,848	$11,996	$8,899	$26,117	$36,483	$36,518			**$174,632**
Benefit Package 135	$74,838	$113,106	$69,079	$55,753	$94,997	$109,448	$47,845	$171,329	$129,635	$113,893			**$979,922**
Benefit Package 136	$7,664	$19,842	$3,818	$4,305	$15,610	$41,703	$5,886	$7,819	$5,555	$29,788			**$141,990**

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	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 137	$8,539	$480,042	$53,511	$34,989	$54,558	$84,033	$51,290	$71,215	$68,514	$40,210			**$946,901**
Benefit Package 138	$0	$2	$802	$398	$2,667	$534	$415	$566	$470	$1,394			**$7,250**
Benefit Package 172										$269,031	$287,428	$232,424	**$788,883**
Benefit Package 173	$106,930	$111,104	$90,712	$160,205	$192,007	$287,862	$135,035	$156,105	$97,606	$153,191	$213,086	$198,543	**$1,902,386**
Benefit Package 174											$250,246	$181,070	**$431,316**
Benefit Package 175											$130,904	$158,694	**$289,598**
Benefit Package 176											$268,712	$269,416	**$538,128**
Benefit Package 177										$41,626	$211,420	$250,389	**$503,435**
Benefit Package 178										$0	$302	$4,144	**$4,446**
Benefit Package 179											$3,827	$1,535	**$5,362**
Benefit Package 180										$2,113	$1,304	$2,948	**$6,365**
Benefit Package 181										$797	$2,261	$1,947	**$5,006**
Benefit Package 182											$19,815,993	$21,702,714	**$41,518,708**
Benefit Package 183											$8,562,237	$9,318,810	**$17,881,047**
Benefit Package 184											$7,305,673	$7,881,936	**$15,187,610**
Benefit Package 185	$122	$0	$115	$115	$0	$115	$3,275	$115	$203	$284	$144	$537	**$5,027**
Benefit Package 186	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
Benefit Package 187											$13,972	$16,599	**$30,571**
Benefit Package 188	$298,624	$487,844	$648,287	$694,007	$887,048	$624,099	$589,583	$831,644	$579,463	$761,914	$562,331	$735,555	**$7,700,399**
Benefit Package 189	$150,712	$383,796	$446,919	$414,182	$628,930	$457,872	$456,947	$577,287	$421,317	$556,989	$796,611	$629,400	**$5,920,962**
Benefit Package 190	$40,734	$52,065	$62,768	$50,392	$64,375	$48,747	$43,299	$170,003	$44,048	$60,504	$67,756	$75,059	**$779,752**
Benefit Package 191	$512	$544	$79	$140	$372	$17	$377	$0	$988	$0	$90	$45	**$3,164**
Benefit Package 192											$24,929	$39,358	**$64,287**
Benefit Package 193											$284	$39,451	**$39,735**
Benefit Package 194											$64,852	$113,838	**$178,690**
Benefit Package 195											$6,712	$20,704	**$27,416**
Benefit Package 196											$8,620	$9,529	**$18,148**
Benefit Package 197											$77,895	$143,632	**$221,527**
Benefit Package 198											$16,102	$33,765	**$49,867**
Benefit Package 199											$116,255	$191,686	**$307,941**
Benefit Package 200											$68,500	$102,207	**$170,707**
Benefit Package 201											$68,880	$97,017	**$165,897**
Benefit Package 202											$26,275	$32,389	**$58,663**
Benefit Package 203											$73,091	$149,467	**$222,559**
Benefit Package 204											$41,645	$37,409	**$79,054**
Benefit Package 205											$328,162	$721,135	**$1,049,297**
Benefit Package 206											$90,649	$158,228	**$248,877**
Benefit Package 207											$5,400	$6,623	**$12,022**
Benefit Package 208											$3,000	$4,959	**$7,959**
Benefit Package 209											$100,672	$250,015	**$350,687**
Benefit Package 210											$19,138	$23,537	**$42,675**
Benefit Package 211											$21,978	$74,240	**$96,218**
Benefit Package 212											$11,476	$43,750	**$55,226**
Benefit Package 213											$8,725	$8,888	**$17,613**
Benefit Package 214											$1,216	$3,829	**$5,044**
Benefit Package 215											$203,940	$221,404	**$425,345**
Benefit Package 216											$463,846	$310,128	**$773,974**
Benefit Package 217											$175,403	$122,183	**$297,587**
Benefit Package 228											$327	$0	**$327**
Benefit Package 229										$4,104	$2,516	$2,775	**$9,395**
Benefit Package 230										$0	$243	$0	**$243**
Benefit Package 231											$21,690	$29,368	**$51,059**
Benefit Package 232										$64,956	$25,438	$37,135	**$127,528**
Benefit Package 233										$40,454	$86,545	$62,007	**$189,007**

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	Claims												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 234											$119,647	$173,125	**$292,772**
Benefit Package 235											$35,528	$41,540	**$77,068**
Benefit Package 236											$23,533	$39,660	**$63,193**
Benefit Package 237											$7,127	$8,938	**$16,064**
Benefit Package 238											$1,867	$289	**$2,156**
Benefit Package 239										$81,078	$68,614	$85,205	**$234,896**
Benefit Package 240										$102,845	$106,443	$158,556	**$367,844**
Grand Total	**$75,353,473**	**$69,827,436**	**$76,946,965**	**$78,680,899**	**$79,504,098**	**$81,456,918**	**$88,678,318**	**$89,764,825**	**$74,868,351**	**$82,334,434**	**$69,021,504**	**$73,314,421**	**$939,751,642**

Washington State Office of the Insurance Commissioner
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Financial Plan Structure and Overall Performance by Benefit Package — Monthly Premiums
Calendar Year 2013

	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 003	$143,227	$143,227	$145,333	$145,333	$142,700	$143,227	$142,700	$142,700	$142,174				**$1,290,621**
Benefit Package 004	$78,014	$76,514	$76,014	$75,014	$74,513	$75,014	$75,014	$76,514	$76,514				**$683,125**
Benefit Package 005	$76,014	$75,014	$75,014	$73,013	$71,513	$71,513	$72,013	$72,013	$71,013				**$657,120**
Benefit Package 006	$10,147	$11,416	$10,147	$10,147	$10,147	$10,147	$9,725	$9,725	$9,725				**$91,326**
Benefit Package 007	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480				**$58,320**
Benefit Package 008	$421	$842	$842	$842	$842	$842	$842	$421	$421	$421	$0	$0	**$6,737**
Benefit Package 009	$52,746	$52,746	$52,746	$52,746	$52,746	$52,162	$51,803	$49,458	$49,458	$50,271	$52,769	$52,769	**$622,420**
Benefit Package 010	$241,628	$239,826	$239,152	$235,949	$234,608	$234,608	$235,275	$234,601	$230,167	$233,891	$242,288	$240,899	**$2,842,893**
Benefit Package 011	$79,170	$79,633	$80,096	$80,096	$79,280	$78,821	$78,821	$80,240	$79,777	$78,115	$87,640	$86,860	**$968,548**
Benefit Package 012	$81,989	$84,026	$79,378	$79,965	$80,064	$80,119	$79,882	$81,818	$79,451	$139,537	$195,472	$206,318	**$1,268,019**
Benefit Package 013	$128,183	$124,031	$127,373	$127,874	$127,763	$120,471	$124,686	$123,016	$124,940	$270,720	$346,115	$314,566	**$2,059,739**
Benefit Package 014	$147,897	$141,692	$159,325	$153,525	$163,324	$149,819	$156,591	$132,598	$143,093	$292,764			**$1,640,627**
Benefit Package 016	$120,079	$119,763	$118,987	$117,168	$116,475	$117,163	$118,285	$115,884	$118,484	$251,346	$64,118	$65,230	**$1,442,981**
Benefit Package 017	$4,101,209	$4,131,340	$4,160,833	$4,181,754	$4,191,687	$4,201,473	$4,197,432	$4,192,757	$4,212,216	$4,398,111	$7,497,793	$7,583,125	**$57,049,730**
Benefit Package 018	$2,143,917	$2,151,353	$2,162,206	$2,172,589	$2,173,363	$2,178,348	$2,183,505	$2,171,833	$2,182,041	$2,245,140	$3,593,865	$3,638,180	**$28,996,341**
Benefit Package 019	$933,392	$944,349	$952,124	$956,285	$960,114	$960,946	$960,464	$964,746	$979,058	$975,017	$1,344,712	$1,357,595	**$12,288,800**
Benefit Package 020	$83,568	$83,154	$85,824	$85,824	$88,468	$88,468	$86,813	$82,139	$76,130	$73,459	$0	$0	**$833,847**
Benefit Package 021	$67,053	$67,570	$67,570	$66,805	$66,805	$66,991	$65,441	$64,160	$54,302	$48,928	$0	$0	**$635,624**
Benefit Package 022	$463,971	$463,633	$462,955	$460,524	$461,201	$460,862	$460,985	$456,553	$455,691	$918,030	$509,636	$510,662	**$6,084,703**
Benefit Package 024	$20,091	$19,603	$20,091	$19,067	$19,067	$19,286	$19,286	$19,286	$20,481	$34,256	$140,646	$140,646	**$491,804**
Benefit Package 025	$369,176	$378,415	$389,340	$397,072	$402,092	$406,440	$407,174	$408,371	$413,681	$465,076	$878,091	$903,288	**$5,818,215**
Benefit Package 027	$120,526	$118,164	$119,264	$118,510	$116,279	$115,683	$115,118	$115,072	$114,024	$238,382			**$1,291,021**
Benefit Package 029	$451,888	$452,062	$452,227	$448,456	$447,167	$444,703	$445,617	$438,115	$437,695	$877,111			**$4,895,041**
Benefit Package 030	$484,253	$479,104	$485,904	$483,412	$480,432	$475,448	$477,373	$471,116	$474,304	$1,007,325	$1,018,244	$875,774	**$7,212,691**
Benefit Package 031	$748,777	$736,781	$742,931	$741,638	$741,635	$737,047	$733,792	$730,632	$732,777	$1,487,770	$770,115	$763,064	**$9,666,958**
Benefit Package 032	$278,072	$276,335	$278,044	$277,234	$275,542	$276,595	$276,326	$273,824	$274,169	$568,361			**$3,054,501**
Benefit Package 033	$195,263	$195,797	$195,405	$195,206	$194,602	$193,151	$194,430	$195,030	$193,380	$418,820			**$2,171,084**
Benefit Package 034	$87,456	$89,596	$92,595	$92,312	$89,764	$90,737	$91,610	$88,789	$88,375	$181,650			**$992,885**
Benefit Package 038	$123,722	$120,733	$122,226	$124,000	$117,022	$125,499	$124,970	$125,844	$126,613	$230,971			**$1,341,598**
Benefit Package 039	$189,165	$191,337	$189,857	$189,215	$188,558	$187,419	$186,685	$184,182	$184,479	$220,810			**$1,911,707**
Benefit Package 040	$110,860	$110,860	$110,860	$110,860	$110,076	$110,076	$109,292	$107,662	$108,774	$69,806	$60,452	$59,511	**$1,179,089**
Benefit Package 043	$20,671	$20,671	$20,671	$20,671	$20,671	$20,671	$20,671	$20,671	$19,887				**$185,256**
Benefit Package 044	$387,316	$389,516	$388,379	$386,609	$389,017	$390,948	$390,599	$386,837	$389,805	$391,828	$396,268	$399,790	**$4,686,914**
Benefit Package 045	$93,223	$93,223	$93,838	$93,390	$92,384	$93,083	$92,384	$92,052	$92,727	$44,330			**$880,634**
Benefit Package 046	$79,475	$79,475	$77,943	$78,577	$78,877	$79,210	$79,210	$78,577	$78,577	$53,342	$75,216	$74,462	**$912,940**
Benefit Package 047	$16,543	$16,543	$16,543	$16,543	$16,543	$16,543	$16,543	$16,543	$16,543	$699			**$149,587**
Benefit Package 048	$22,055	$22,055	$22,055	$21,421	$21,700	$21,700	$21,700	$21,700	$21,700	$2,166	$3,599	$3,599	**$205,449**
Benefit Package 049	$31,129	$31,129	$31,129	$31,129	$30,375	$30,375	$30,375	$30,375	$30,375	$26,914	$23,520	$23,520	**$350,345**
Benefit Package 050	$44,508	$45,648	$46,292	$45,648	$45,648	$45,152	$45,152	$45,152	$45,152	$49,439	$46,727	$46,727	**$551,245**
Benefit Package 051	$9,790	$9,790	$9,790	$9,790	$9,790	$9,790	$9,790	$9,790	$9,790	$6,669	$6,669	$6,669	**$108,117**
Benefit Package 052	$2,374	$2,374	$2,374	$2,374	$2,374	$2,374	$2,374	$2,374	$2,374	$2,707	$2,707	$2,707	**$29,487**
Benefit Package 053	$3,474	$3,474	$3,474	$3,474	$3,474	$3,474	$3,474	$3,474	$3,474				**$31,266**
Benefit Package 056	$66,013	$67,392	$66,933	$66,276	$66,276	$66,276	$66,276	$66,276	$63,123	$71,693	$69,827	$66,238	**$802,599**
Benefit Package 057	$10,861	$10,278	$10,278	$10,278	$10,278	$10,278	$10,808	$10,808	$11,868	$12,388	$10,188	$11,809	**$130,120**
Benefit Package 058	$29,069	$29,069	$27,705	$27,151	$26,256	$26,256	$26,256	$25,318	$25,702	$29,199	$33,577	$33,856	**$339,414**
Benefit Package 059	$85,738	$85,071	$85,071	$84,404	$83,737	$83,737	$83,737	$83,147	$82,822	$97,228	$280,682	$278,727	**$1,414,101**
Benefit Package 060	$65,078	$64,835	$64,835	$64,835	$64,835	$63,982	$63,372	$63,372	$63,372	$82,639	$297,324	$296,429	**$1,254,908**
Benefit Package 061	$34,337	$34,930	$34,930	$35,990	$35,459	$35,459	$35,459	$35,459	$35,459	$57,871	$57,631	$57,390	**$490,374**
Benefit Package 062	$16,906	$16,906	$16,906	$16,906	$16,906	$16,906	$16,906	$16,397	$16,397	$29,660	$188,043	$190,864	**$559,703**
Benefit Package 063	$703,904	$703,487	$707,999	$711,758	$712,586	$711,176	$715,441	$717,794	$720,109	$1,122,341	$1,138,100	$1,151,683	**$9,816,378**
Benefit Package 064	$167,454	$168,878	$169,235	$167,885	$167,885	$168,715	$168,751	$169,345	$168,751	$171,037	$170,831	$171,074	**$2,029,841**
Benefit Package 065	$1,188,862	$1,191,687	$1,187,286	$1,186,967	$1,186,157	$1,188,346	$1,180,023	$1,195,009	$1,195,228	$1,217,902	$1,387,799	$1,394,870	**$14,700,136**
Benefit Package 066	$633,479	$626,976	$637,575	$636,516	$641,062	$640,716	$640,685	$640,364	$644,682	$643,571	$656,814	$676,207	**$7,718,647**
Benefit Package 067	$920,236	$925,820	$935,285	$929,778	$924,237	$913,002	$922,004	$923,482	$919,654	$1,024,087	$1,057,298	$1,073,336	**$11,468,218**

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	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 068	$530,099	$526,109	$525,785	$527,750	$532,437	$531,551	$530,915	$533,323	$533,259	$522,717	$520,080	$522,813	**$6,336,837**
Benefit Package 069	$915,135	$925,041	$923,239	$916,683	$922,976	$921,288	$920,611	$911,080	$913,533	$1,011,081	$1,027,161	$1,016,839	**$11,324,666**
Benefit Package 070	$388,054	$372,388	$376,468	$373,283	$370,562	$375,304	$374,860	$370,012	$369,375	$365,682	$370,129	$363,566	**$4,469,685**
Benefit Package 071	$3,811,404	$3,810,953	$3,798,935	$3,791,165	$3,777,250	$3,764,971	$3,759,641	$3,734,785	$3,735,673	$3,905,471	$3,777,299	$3,785,587	**$45,453,136**
Benefit Package 072	$2,990,733	$2,984,495	$2,990,284	$2,983,674	$2,992,716	$2,993,019	$3,007,767	$2,972,563	$2,980,023	$2,775,901	$2,791,122	$2,775,570	**$35,237,869**
Benefit Package 073	$515,126	$513,569	$510,534	$512,314	$511,933	$513,172	$508,986	$510,279	$511,145	$502,627	$509,539	$507,731	**$6,126,955**
Benefit Package 074	$2,125,394	$2,124,080	$2,131,513	$2,118,858	$2,120,212	$2,134,316	$2,113,094	$2,105,076	$2,086,330	$2,305,344	$2,307,238	$2,298,621	**$25,970,075**
Benefit Package 075	$1,394,896	$1,400,775	$1,398,052	$1,392,778	$1,390,265	$1,390,287	$1,380,107	$1,375,999	$1,366,128	$1,369,081	$1,426,983	$1,423,154	**$16,708,504**
Benefit Package 076	$2,587,811	$2,579,222	$2,578,893	$2,581,890	$2,579,147	$2,580,462	$2,573,911	$2,570,058	$2,575,000	$2,493,580	$2,416,341	$2,383,706	**$30,500,021**
Benefit Package 077	$231,000	$233,511	$232,597	$230,473	$230,163	$231,432	$229,112	$224,867	$225,183	$159,152	$163,349	$164,063	**$2,554,901**
Benefit Package 078	$4,739	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$4,739**
Benefit Package 079	$24,231,583	$24,161,017	$24,132,582	$24,119,501	$24,106,704	$24,095,177	$24,080,649	$23,966,871	$23,926,206	$21,759,549			**$238,579,840**
Benefit Package 080	$9,820,889	$9,814,048	$9,822,081	$9,823,183	$9,827,046	$9,823,555	$9,804,473	$9,792,148	$9,781,299	$9,528,713			**$97,837,434**
Benefit Package 081	$10,590,408	$10,547,322	$10,512,389	$10,492,528	$10,469,282	$10,452,042	$10,412,470	$10,353,304	$10,315,864	$9,424,251			**$103,569,860**
Benefit Package 082	$48,855	$47,940	$47,940	$47,940	$47,269	$47,269	$47,269	$47,269	$47,269	$34,018	$35,566	$35,566	**$534,169**
Benefit Package 083	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487			**$14,875**
Benefit Package 084	$54,628	$54,352	$53,649	$53,088	$53,088	$53,578	$52,816	$53,360	$53,088	$42,070			**$523,717**
Benefit Package 085	$7,617	$7,617	$7,617	$7,617	$7,617	$7,617	$7,617	$7,002	$7,002	$1,456	$3,180	$3,180	**$75,140**
Benefit Package 086	$13,342	$13,342	$13,342	$13,342	$12,741	$12,741	$12,741	$12,400	$12,400	$12,824	$21,887	$21,783	**$172,888**
Benefit Package 087	$143,082	$143,082	$143,733	$143,789	$143,789	$142,876	$142,876	$142,225	$141,574	$135,843			**$1,422,867**
Benefit Package 088	$68,251	$68,251	$67,073	$67,073	$67,073	$67,073	$66,234	$66,234	$66,234	$57,988			**$661,484**
Benefit Package 089	$955,656	$954,816	$954,075	$945,531	$944,258	$943,107	$942,566	$940,985	$939,233	$920,260			**$9,440,486**
Benefit Package 090	$106,597	$107,918	$106,893	$106,248	$106,163	$106,163	$106,163	$103,975	$103,245	$98,808			**$1,052,174**
Benefit Package 091	$29,074	$30,208	$30,527	$29,915	$29,915	$29,915	$29,915	$29,915	$29,915	$30,093			**$299,395**
Benefit Package 092	$485,589	$482,185	$480,398	$479,156	$478,341	$470,762	$475,042	$467,366	$460,761	$415,210	$145,683	$144,760	**$4,985,255**
Benefit Package 093	$465,762	$463,953	$461,894	$462,704	$460,131	$462,585	$459,081	$454,730	$453,641	$415,214	$362,933	$353,987	**$5,276,617**
Benefit Package 094	$63,322	$62,493	$62,493	$63,235	$62,864	$63,322	$62,907	$62,165	$62,994	$64,562			**$630,356**
Benefit Package 095	$290,471	$288,935	$288,652	$288,405	$287,603	$287,160	$286,778	$285,571	$285,903	$281,920			**$2,871,397**
Benefit Package 096	$268,860	$271,865	$271,435	$271,338	$274,034	$268,288	$274,226	$272,485	$273,015	$246,781			**$2,692,326**
Benefit Package 097	$158,724	$156,005	$153,681	$153,674	$153,026	$152,370	$154,197	$152,691	$151,205	$142,639	$101,835	$99,667	**$1,729,714**
Benefit Package 098	$142,673	$143,767	$144,169	$144,777	$144,156	$144,797	$145,524	$145,677	$146,215	$158,651	$174,925	$179,736	**$1,815,067**
Benefit Package 099	$5,809	$6,758	$5,961	$5,961	$5,961	$5,961	$5,961	$5,961	$4,930	$5,728			**$58,989**
Benefit Package 100	$8,127	$8,127	$8,127	$8,127	$8,127	$8,127	$8,127	$8,127	$8,713	$10,785	$13,895	$13,895	**$112,306**
Benefit Package 104	$141,778	$140,457	$142,439	$142,883	$144,174	$144,341	$144,507	$148,635	$147,481	$162,242			**$1,458,936**
Benefit Package 108	$219,410	$214,993	$212,659	$213,174	$209,922	$210,963	$206,154	$204,850	$201,598	$198,485			**$2,092,207**
Benefit Package 110	$104,142	$101,335	$102,907	$102,289	$101,774	$98,646	$104,142	$101,540	$101,540	$101,578			**$1,019,893**
Benefit Package 111	$180,559	$178,151	$179,036	$177,895	$176,789	$178,151	$176,057	$187,366	$183,286	$180,118			**$1,797,407**
Benefit Package 113	$24,244	$27,726	$24,244	$23,995	$23,964	$23,964	$23,964	$22,722	$22,722	$22,167			**$239,713**
Benefit Package 114	$329,216	$324,270	$328,711	$321,027	$323,534	$323,534	$325,832	$325,634	$321,571	$308,941			**$3,232,269**
Benefit Package 115	$16,334	$16,334	$16,334	$16,334	$16,334	$16,334	$16,334	$16,334	$16,334	$15,684			**$162,689**
Benefit Package 116	$297,079	$296,019	$293,330	$293,967	$292,198	$297,786	$292,055	$291,348	$292,551	$282,151			**$2,928,484**
Benefit Package 121	$311,378	$311,701	$308,841	$307,208	$308,505	$308,234	$308,025	$307,020	$307,020	$0			**$2,777,933**
Benefit Package 122	$202,149	$201,090	$203,148	$201,541	$201,752	$200,944	$199,762	$197,409	$197,409	$0			**$1,805,203**
Benefit Package 123	$7,866	$8,218	$8,218	$8,711	$8,711	$8,346	$7,682	$8,014	$8,014	$0			**$73,779**
Benefit Package 127	$10,694	$10,694	$10,694	$10,694	$11,446	$11,446	$9,943	$12,948	$11,446	$15,452			**$115,457**
Benefit Package 128	$164,781	$164,407	$164,215	$161,828	$162,267	$161,657	$162,096	$164,569	$163,926	$163,404			**$1,633,152**
Benefit Package 129	$488,086	$486,759	$483,892	$483,931	$481,824	$484,915	$482,610	$483,240	$481,506	$462,029			**$4,818,792**
Benefit Package 130	$330,189	$328,650	$328,063	$326,952	$327,729	$326,714	$323,256	$323,742	$323,233	$329,811			**$3,268,339**
Benefit Package 131	$4,863	$4,863	$4,863	$4,863	$4,863	$4,863	$4,863	$4,863	$5,514	$8,018	$17,184	$18,050	**$87,667**
Benefit Package 132	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302			**$43,019**
Benefit Package 133	$113,043	$111,722	$114,040	$113,659	$113,199	$116,005	$115,085	$115,670	$117,860	$118,106			**$1,148,389**
Benefit Package 134	$31,783	$31,783	$32,706	$33,843	$33,526	$33,526	$33,526	$30,646	$33,023	$32,520			**$326,883**
Benefit Package 135	$120,540	$114,238	$120,000	$117,068	$116,730	$117,015	$117,015	$117,335	$117,871	$114,095			**$1,171,905**
Benefit Package 136	$12,150	$15,678	$12,822	$12,782	$11,886	$12,483	$12,483	$11,483	$11,817	$12,150			**$125,734**

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	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 137	$69,780	$69,014	$68,694	$68,821	$68,821	$68,821	$69,236	$70,195	$69,237	$70,609			**$693,229**
Benefit Package 138	$3,689	$3,689	$4,530	$4,530	$4,530	$4,530	$4,530	$4,530	$4,530	$4,967			**$44,053**
Benefit Package 172										$314,391	$314,890	$311,709	**$940,990**
Benefit Package 173	$157,149	$155,962	$157,872	$157,326	$156,929	$156,311	$156,311	$155,084	$154,401	$164,837	$163,069	$162,444	**$1,897,695**
Benefit Package 174											$293,524	$292,907	**$586,431**
Benefit Package 175											$226,881	$232,765	**$459,646**
Benefit Package 176											$271,808	$270,772	**$542,580**
Benefit Package 177										$84,898	$279,729	$274,842	**$639,468**
Benefit Package 178										$911	$16,502	$17,223	**$34,636**
Benefit Package 179											$14,089	$13,457	**$27,545**
Benefit Package 180										$13,550	$11,518	$11,518	**$36,586**
Benefit Package 181										$6,060	$5,245	$5,245	**$16,550**
Benefit Package 182											$21,522,111	$21,466,935	**$42,989,046**
Benefit Package 183											$12,707,499	$12,738,721	**$25,446,221**
Benefit Package 184											$6,984,526	$6,945,279	**$13,929,805**
Benefit Package 185	$1,095	$1,095	$1,095	$1,095	$1,095	$1,095	$1,095	$1,095	$1,095	$1,933	$1,218	$1,218	**$14,221**
Benefit Package 186	$526	$526	$526	$526	$526	$526	$526	$526	$526	$526	$302	$302	**$5,862**
Benefit Package 187											$41,653	$43,453	**$85,106**
Benefit Package 188	$56,262	$203,366	$412,912	$589,237	$634,752	$778,896	$551,560	$516,387	$721,129	$484,760	$696,659	$488,355	**$6,134,275**
Benefit Package 189	$46,940	$120,647	$366,594	$421,022	$384,272	$594,715	$437,376	$425,750	$514,774	$365,562	$528,111	$751,596	**$4,957,359**
Benefit Package 190	$9,519	$37,963	$52,858	$64,453	$50,085	$61,966	$48,146	$45,786	$161,853	$42,285	$61,788	$64,813	**$701,515**
Benefit Package 191	$394	$887	$937	$473	$534	$764	$411	$771	$394	$1,442	$460	$548	**$8,013**
Benefit Package 192											$130,296	$130,035	**$260,331**
Benefit Package 193											$8,010	$8,010	**$16,020**
Benefit Package 194											$154,343	$163,056	**$317,399**
Benefit Package 195											$19,845	$17,911	**$37,756**
Benefit Package 196											$18,249	$18,249	**$36,498**
Benefit Package 197											$265,574	$266,368	**$531,942**
Benefit Package 198											$13,671	$14,435	**$28,106**
Benefit Package 199											$223,052	$220,639	**$443,692**
Benefit Package 200											$196,565	$188,827	**$385,392**
Benefit Package 201											$151,101	$148,435	**$299,536**
Benefit Package 202											$74,564	$75,900	**$150,464**
Benefit Package 203											$137,431	$130,597	**$268,028**
Benefit Package 204											$89,512	$85,677	**$175,189**
Benefit Package 205											$958,978	$859,211	**$1,818,189**
Benefit Package 206											$247,467	$234,588	**$482,055**
Benefit Package 207											$46,429	$47,000	**$93,429**
Benefit Package 208											$23,255	$31,397	**$54,652**
Benefit Package 209											$255,405	$253,381	**$508,786**
Benefit Package 210											$83,466	$84,952	**$168,418**
Benefit Package 211											$67,815	$66,700	**$134,515**
Benefit Package 212											$37,565	$38,235	**$75,800**
Benefit Package 213											$17,731	$18,148	**$35,879**
Benefit Package 214											$7,471	$7,471	**$14,942**
Benefit Package 215											$299,751	$296,287	**$596,038**
Benefit Package 216											$323,074	$325,004	**$648,078**
Benefit Package 217											$366,828	$368,229	**$735,057**
Benefit Package 228											$9,044	$9,547	**$18,591**
Benefit Package 229										$11,140	$12,996	$14,853	**$38,989**
Benefit Package 230										$1,302	$1,302	$1,302	**$3,906**
Benefit Package 231											$36,453	$36,453	**$72,906**
Benefit Package 232										$56,917	$56,348	$56,348	**$169,613**
Benefit Package 233										$94,570	$94,570	$95,205	**$284,345**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8d
Financial Plan Structure and Overall Performance by Benefit Package — Monthly Premiums
Calendar Year 2013

	Premiums												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 234											$265,847	$264,859	**$530,706**
Benefit Package 235											$122,447	$122,810	**$245,257**
Benefit Package 236											$74,065	$75,253	**$149,318**
Benefit Package 237											$38,175	$39,154	**$77,329**
Benefit Package 238											$3,480	$4,112	**$7,592**
Benefit Package 239										$177,569	$177,569	$174,918	**$530,056**
Benefit Package 240										$210,035	$210,035	$211,360	**$631,430**
Grand Total	**$83,685,985**	**$83,796,793**	**$84,315,646**	**$84,471,200**	**$84,426,160**	**$84,751,296**	**$84,247,426**	**$83,849,676**	**$84,183,260**	**$84,752,802**	**$88,352,464**	**$88,169,734**	**$1,019,002,441**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8e
Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2013

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 003	81.7%	94.9%	118.4%	61.8%	92.5%	179.4%	197.5%	154.6%	109.3%				**121.0%**
Benefit Package 004	66.4%	46.4%	65.0%	72.0%	68.3%	159.3%	69.7%	123.9%	76.6%				**83.0%**
Benefit Package 005	93.3%	297.3%	39.6%	53.3%	67.7%	69.2%	62.5%	39.4%	75.0%				**89.4%**
Benefit Package 006	194.4%	12.8%	19.5%	12.5%	4.2%	6.3%	41.8%	54.4%	16.5%				**39.9%**
Benefit Package 007	3.9%	0.0%	0.0%	211.5%	71.3%	12.0%	28.8%	6.0%	70.0%				**44.8%**
Benefit Package 008	0.0%	52.1%	28.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			**10.0%**
Benefit Package 009	67.3%	149.1%	168.7%	201.4%	264.8%	169.0%	242.7%	290.2%	80.3%	200.2%	229.0%	78.5%	**178.2%**
Benefit Package 010	122.0%	92.8%	86.1%	87.4%	96.6%	62.1%	129.9%	93.3%	66.6%	62.1%	113.9%	117.4%	**94.4%**
Benefit Package 011	19.2%	23.9%	36.7%	23.6%	33.9%	17.0%	39.4%	21.1%	19.6%	59.7%	27.1%	30.9%	**29.3%**
Benefit Package 012	118.3%	94.5%	56.9%	65.4%	100.2%	123.4%	49.1%	116.6%	46.4%	73.3%	58.5%	63.5%	**76.7%**
Benefit Package 013	123.2%	53.4%	92.7%	71.8%	102.2%	70.5%	138.6%	91.1%	95.5%	99.2%	52.9%	71.4%	**84.0%**
Benefit Package 014	67.2%	80.3%	53.1%	73.7%	51.0%	85.4%	63.7%	131.8%	135.6%	83.5%			**81.4%**
Benefit Package 016	73.7%	94.5%	70.6%	112.5%	81.4%	105.2%	76.5%	96.7%	79.3%	106.5%	62.4%	38.2%	**87.7%**
Benefit Package 017	77.8%	68.8%	79.1%	86.8%	77.5%	100.5%	102.7%	101.8%	76.0%	87.0%	63.5%	65.7%	**80.2%**
Benefit Package 018	76.3%	81.8%	90.8%	79.8%	75.4%	96.4%	107.1%	98.4%	70.4%	80.2%	59.6%	77.8%	**81.4%**
Benefit Package 019	80.0%	71.8%	73.6%	87.1%	89.9%	98.6%	80.9%	87.1%	76.7%	81.8%	63.4%	70.0%	**79.2%**
Benefit Package 020	70.6%	58.1%	77.4%	52.8%	91.5%	83.7%	139.5%	119.2%	86.2%	295.0%			**111.6%**
Benefit Package 021	94.0%	45.7%	57.3%	41.3%	97.7%	37.2%	72.0%	41.3%	32.1%	95.9%			**62.8%**
Benefit Package 022	90.5%	99.8%	106.4%	104.5%	87.4%	83.3%	117.1%	117.1%	75.7%	74.8%	94.0%	61.9%	**91.1%**
Benefit Package 024	21.0%	20.9%	36.6%	38.6%	32.2%	85.6%	149.9%	57.0%	24.9%	46.6%	41.3%	34.7%	**43.4%**
Benefit Package 025	50.1%	36.1%	94.4%	62.6%	42.4%	49.2%	130.9%	71.0%	80.6%	64.4%	48.5%	44.9%	**61.8%**
Benefit Package 027	65.5%	65.4%	57.1%	69.1%	110.5%	123.9%	62.7%	73.6%	124.6%	54.7%			**78.0%**
Benefit Package 029	117.6%	71.3%	98.9%	84.8%	66.9%	100.1%	118.7%	110.2%	90.3%	105.2%			**97.2%**
Benefit Package 030	82.9%	74.6%	100.1%	102.0%	115.2%	66.5%	153.3%	93.7%	60.3%	85.7%	88.0%	95.4%	**92.4%**
Benefit Package 031	81.7%	70.4%	76.2%	73.8%	87.2%	101.3%	79.8%	60.5%	73.4%	84.0%	85.1%	82.4%	**80.0%**
Benefit Package 032	115.2%	72.9%	53.5%	71.4%	90.2%	83.9%	102.2%	60.2%	72.6%	77.3%			**79.7%**
Benefit Package 033	126.8%	63.7%	71.6%	139.6%	81.0%	92.8%	73.0%	91.7%	55.8%	113.7%			**93.3%**
Benefit Package 034	121.3%	141.9%	78.8%	172.6%	188.3%	104.5%	144.4%	120.0%	33.9%	42.2%			**108.3%**
Benefit Package 038	85.4%	89.0%	95.0%	87.3%	216.3%	47.6%	81.0%	80.2%	111.8%	63.6%			**92.5%**
Benefit Package 039	103.0%	119.7%	71.3%	90.9%	166.8%	71.2%	64.5%	87.6%	61.8%	80.7%			**91.7%**
Benefit Package 040	72.2%	145.0%	104.6%	99.5%	126.6%	112.6%	67.6%	81.7%	72.6%	110.0%	59.0%	73.2%	**95.6%**
Benefit Package 043	43.4%	49.8%	49.7%	217.6%	220.2%	54.1%	68.7%	70.6%	58.7%				**92.7%**
Benefit Package 044	83.8%	88.8%	97.3%	102.7%	109.9%	127.8%	142.5%	125.2%	147.5%	118.9%	135.8%	137.6%	**118.2%**
Benefit Package 045	63.5%	90.2%	106.5%	134.7%	50.8%	66.7%	159.3%	65.9%	140.6%	70.8%			**96.3%**
Benefit Package 046	39.6%	35.1%	115.3%	75.2%	107.0%	63.8%	74.6%	44.4%	64.4%	126.8%	103.2%	79.4%	**75.8%**
Benefit Package 047	55.4%	47.5%	40.9%	38.4%	62.2%	42.1%	54.9%	32.5%	116.6%	145.9%			**54.9%**
Benefit Package 048	37.5%	37.8%	42.8%	59.8%	84.3%	142.9%	132.8%	67.1%	99.7%	74.4%	61.8%	61.7%	**77.5%**
Benefit Package 049	52.6%	173.4%	61.2%	53.3%	39.0%	90.3%	52.0%	53.8%	37.0%	87.9%	39.2%	29.5%	**65.2%**
Benefit Package 050	96.5%	76.7%	118.2%	69.6%	147.5%	114.4%	55.3%	122.1%	94.0%	85.6%	89.9%	32.3%	**91.7%**
Benefit Package 051	12.9%	19.6%	26.1%	6.9%	11.1%	26.5%	22.9%	37.6%	20.1%	36.5%	18.1%	47.3%	**22.9%**
Benefit Package 052	53.2%	155.8%	7.7%	398.9%	191.9%	212.4%	31.6%	209.4%	76.9%	41.8%	131.9%	10.5%	**124.6%**
Benefit Package 053	628.2%	40.5%	16.6%	82.3%	42.3%	254.0%	680.2%	32.3%	13.8%				**198.9%**
Benefit Package 056	86.6%	46.0%	90.2%	34.8%	63.4%	52.3%	63.6%	83.1%	44.4%	60.7%	74.3%	84.2%	**65.4%**
Benefit Package 057	16.4%	21.1%	54.3%	47.1%	46.8%	59.3%	47.8%	73.7%	59.3%	67.5%	532.5%	29.9%	**85.7%**
Benefit Package 058	22.8%	125.1%	28.8%	10.4%	19.1%	24.3%	17.2%	160.8%	87.7%	47.6%	15.5%	18.8%	**46.7%**
Benefit Package 059	103.7%	216.3%	103.7%	95.0%	144.0%	214.0%	95.2%	167.8%	51.0%	40.5%	94.2%	67.4%	**105.7%**
Benefit Package 060	258.8%	151.2%	190.1%	75.8%	161.2%	84.2%	77.0%	106.1%	64.0%	62.3%	36.7%	32.1%	**80.5%**
Benefit Package 061	27.1%	29.5%	34.2%	30.7%	48.3%	36.7%	41.2%	55.1%	44.3%	35.3%	25.8%	19.3%	**34.5%**
Benefit Package 062	40.7%	24.6%	158.3%	25.6%	38.8%	34.1%	53.9%	55.4%	26.1%	14.0%	15.6%	40.5%	**33.5%**
Benefit Package 063	70.9%	78.4%	80.8%	69.9%	99.7%	87.6%	85.1%	141.0%	71.5%	91.7%	72.7%	65.6%	**83.5%**
Benefit Package 064	48.4%	78.0%	67.9%	54.0%	66.5%	54.9%	64.3%	147.1%	85.9%	52.3%	91.2%	40.1%	**70.9%**
Benefit Package 065	79.6%	70.0%	72.2%	88.4%	80.3%	79.3%	83.2%	121.1%	78.5%	90.1%	73.5%	58.8%	**80.9%**
Benefit Package 066	63.8%	58.5%	67.0%	56.0%	71.5%	70.0%	80.0%	97.9%	76.8%	75.3%	76.6%	73.4%	**72.3%**
Benefit Package 067	56.0%	73.0%	66.0%	80.7%	79.4%	81.7%	86.6%	91.5%	95.8%	62.9%	52.0%	73.0%	**74.5%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8e
Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2013

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 068	62.5%	71.7%	70.1%	81.3%	79.3%	82.8%	111.2%	104.5%	64.7%	78.0%	79.7%	84.9%	**80.9%**
Benefit Package 069	76.8%	78.1%	73.5%	79.7%	96.2%	74.6%	97.1%	108.5%	102.0%	90.5%	57.8%	55.2%	**82.1%**
Benefit Package 070	109.6%	77.9%	215.7%	270.7%	164.4%	66.0%	115.6%	126.0%	90.9%	97.1%	70.6%	75.3%	**123.5%**
Benefit Package 071	80.5%	65.9%	80.3%	78.4%	90.9%	85.3%	94.6%	101.7%	86.9%	70.3%	70.2%	66.3%	**80.9%**
Benefit Package 072	83.2%	60.9%	69.5%	86.7%	85.9%	71.2%	74.8%	83.5%	79.1%	76.3%	84.2%	77.3%	**77.7%**
Benefit Package 073	74.0%	62.6%	76.5%	52.4%	114.9%	73.7%	74.9%	102.4%	78.2%	99.6%	89.7%	87.8%	**82.2%**
Benefit Package 074	60.6%	57.4%	68.6%	94.1%	74.1%	75.3%	89.8%	81.1%	76.3%	65.3%	81.3%	72.4%	**74.6%**
Benefit Package 075	67.1%	64.2%	87.3%	133.3%	91.6%	74.7%	128.6%	83.5%	104.5%	100.5%	73.9%	84.6%	**91.0%**
Benefit Package 076	83.8%	77.1%	89.1%	76.7%	91.0%	77.8%	93.2%	92.4%	81.6%	85.8%	73.2%	81.8%	**83.7%**
Benefit Package 077	87.4%	47.7%	95.4%	74.8%	72.8%	60.6%	100.4%	80.6%	53.9%	48.1%	35.8%	77.6%	**70.9%**
Benefit Package 078	108.7%												**363.3%**
Benefit Package 079	96.9%	90.6%	96.0%	101.2%	98.2%	110.6%	117.7%	114.3%	98.4%	119.2%			**104.1%**
Benefit Package 080	75.5%	68.9%	75.5%	80.6%	77.3%	82.8%	88.8%	90.3%	76.9%	87.4%			**80.4%**
Benefit Package 081	102.0%	100.2%	111.2%	103.9%	107.6%	110.5%	127.3%	110.8%	96.2%	109.2%			**107.9%**
Benefit Package 082	87.7%	59.7%	102.7%	42.3%	61.6%	68.9%	60.0%	148.0%	102.2%	56.4%	50.5%	72.4%	**77.2%**
Benefit Package 083	2882.8%	142.4%	1766.5%	130.4%	103.1%	14.7%	69.2%	202.2%	85.0%	360.2%			**575.6%**
Benefit Package 084	97.6%	111.4%	81.8%	160.4%	108.2%	78.5%	101.2%	258.4%	123.2%	131.3%			**124.9%**
Benefit Package 085	161.2%	66.6%	61.5%	69.8%	64.6%	99.0%	65.0%	173.6%	61.3%	294.5%	211.8%	175.8%	**103.6%**
Benefit Package 086	20.4%	16.7%	41.3%	107.5%	456.2%	98.3%	392.0%	51.3%	284.9%	615.7%	38.1%	36.6%	**163.3%**
Benefit Package 087	119.9%	67.4%	107.3%	54.8%	113.9%	94.7%	147.7%	132.3%	104.0%	86.6%			**102.9%**
Benefit Package 088	39.2%	36.9%	96.0%	76.1%	120.0%	58.2%	32.7%	69.4%	62.2%	53.5%			**64.5%**
Benefit Package 089	102.3%	108.1%	106.8%	82.5%	82.2%	114.7%	81.4%	153.8%	81.0%	89.9%			**100.3%**
Benefit Package 090	64.8%	100.8%	64.9%	75.6%	129.8%	68.8%	69.1%	105.4%	61.1%	65.0%			**80.7%**
Benefit Package 091	7.6%	4.8%	7.5%	7.5%	90.5%	32.7%	22.6%	31.9%	23.4%	17.4%			**24.6%**
Benefit Package 092	144.7%	96.4%	122.0%	109.5%	169.5%	92.9%	125.1%	154.4%	208.8%	117.2%	153.4%	207.6%	**136.7%**
Benefit Package 093	133.3%	82.5%	87.3%	91.2%	119.9%	91.5%	83.5%	133.0%	122.0%	92.4%	135.1%	95.9%	**105.3%**
Benefit Package 094	78.6%	47.1%	77.1%	69.2%	72.8%	58.7%	49.6%	121.5%	66.2%	97.3%			**73.8%**
Benefit Package 095	119.0%	94.9%	144.2%	140.8%	92.9%	74.9%	86.8%	95.7%	116.5%	74.1%			**104.1%**
Benefit Package 096	53.3%	100.6%	85.5%	61.0%	66.1%	61.7%	75.8%	129.3%	95.4%	74.5%			**80.4%**
Benefit Package 097	151.1%	84.4%	86.4%	87.5%	121.2%	68.4%	66.5%	135.4%	76.0%	86.9%	93.7%	43.0%	**93.4%**
Benefit Package 098	82.1%	69.1%	132.5%	118.6%	162.6%	111.3%	105.1%	119.5%	96.8%	130.8%	152.4%	119.6%	**117.5%**
Benefit Package 099	11.5%	71.6%	1.2%	0.0%	26.1%	9.5%	20.7%	16.9%	15.9%	38.9%			**22.0%**
Benefit Package 100	3.3%	17.6%	3.1%	7.2%	15.0%	63.1%	11.4%	94.9%	6.4%	22.8%	12.2%	7.1%	**20.7%**
Benefit Package 104	87.9%	79.8%	68.3%	69.9%	95.4%	62.3%	76.0%	90.9%	65.2%	65.4%			**76.0%**
Benefit Package 108	176.6%	86.9%	105.8%	80.0%	77.0%	56.7%	79.2%	146.7%	86.2%	138.2%			**103.4%**
Benefit Package 110	102.5%	68.3%	70.8%	116.5%	76.2%	86.4%	47.8%	146.3%	115.1%	129.2%			**95.8%**
Benefit Package 111	101.3%	78.9%	142.7%	164.9%	106.9%	74.9%	94.3%	297.1%	49.7%	83.1%			**120.1%**
Benefit Package 113	67.7%	59.1%	66.6%	85.8%	135.0%	115.9%	127.0%	205.0%	75.1%	160.1%			**108.1%**
Benefit Package 114	60.7%	77.9%	103.3%	86.4%	131.9%	98.5%	64.4%	162.7%	101.0%	106.4%			**99.2%**
Benefit Package 115	208.0%	432.5%	463.3%	174.3%	426.0%	233.8%	109.6%	134.9%	354.6%	189.0%			**272.9%**
Benefit Package 116	367.3%	100.2%	120.8%	122.5%	122.3%	126.9%	245.4%	196.6%	160.4%	115.1%			**168.0%**
Benefit Package 121	148.7%	142.1%	139.5%	107.2%	137.0%	204.6%	108.8%	156.0%	94.4%				**146.7%**
Benefit Package 122	130.0%	52.9%	107.5%	85.6%	97.0%	71.7%	97.5%	96.5%	126.6%				**112.3%**
Benefit Package 123	7.8%	2.4%	96.8%	83.7%	46.7%	40.5%	11.0%	75.5%	96.9%				**53.5%**
Benefit Package 127	56.2%	61.0%	45.4%	76.1%	156.4%	48.5%	99.1%	152.0%	120.3%	83.0%			**91.0%**
Benefit Package 128	107.1%	112.2%	121.7%	85.6%	151.7%	195.2%	64.6%	139.4%	93.8%	85.0%			**115.6%**
Benefit Package 129	104.0%	128.9%	116.5%	109.9%	72.8%	76.9%	79.9%	140.1%	79.6%	80.5%			**99.0%**
Benefit Package 130	73.4%	77.1%	143.2%	97.2%	94.9%	96.9%	79.8%	128.5%	98.2%	80.3%			**96.9%**
Benefit Package 131	16.8%	21.2%	17.2%	18.0%	34.6%	77.3%	43.1%	32.2%	21.6%	86.2%	121.4%	77.5%	**63.4%**
Benefit Package 132	4.8%	5.8%	49.7%	14.6%	16.1%	9.8%	8.9%	127.6%	8.7%	6.1%			**25.2%**
Benefit Package 133	169.8%	104.6%	165.5%	97.9%	119.9%	108.5%	112.8%	125.5%	66.0%	86.8%			**115.4%**
Benefit Package 134	11.8%	13.6%	79.5%	7.9%	53.2%	35.8%	26.5%	85.2%	110.5%	112.3%			**53.4%**
Benefit Package 135	62.1%	99.0%	57.6%	47.6%	81.4%	93.5%	40.9%	146.0%	110.0%	99.8%			**83.6%**
Benefit Package 136	63.1%	126.6%	29.8%	33.7%	131.3%	334.1%	47.1%	68.1%	47.0%	245.2%			**112.9%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8e
Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2013

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 137	12.2%	695.6%	77.9%	50.8%	79.3%	122.1%	74.1%	101.5%	99.0%	56.9%			**136.6%**
Benefit Package 138	0.0%	0.1%	17.7%	8.8%	58.9%	11.8%	9.2%	12.5%	10.4%	28.1%			**16.5%**
Benefit Package 172										85.6%	91.3%	74.6%	**83.8%**
Benefit Package 173	68.0%	71.2%	57.5%	101.8%	122.4%	184.2%	86.4%	100.7%	63.2%	92.9%	130.7%	122.2%	**100.2%**
Benefit Package 174											85.3%	61.8%	**73.5%**
Benefit Package 175											57.7%	68.2%	**63.0%**
Benefit Package 176											98.9%	99.5%	**99.2%**
Benefit Package 177										49.0%	75.6%	91.1%	**78.7%**
Benefit Package 178										0.0%	1.8%	24.1%	**12.8%**
Benefit Package 179											27.2%	11.4%	**19.5%**
Benefit Package 180										15.6%	11.3%	25.6%	**17.4%**
Benefit Package 181										13.2%	43.1%	37.1%	**30.2%**
Benefit Package 182											92.1%	101.1%	**96.6%**
Benefit Package 183											67.4%	73.2%	**70.3%**
Benefit Package 184											104.6%	113.5%	**109.0%**
Benefit Package 185	11.2%	0.0%	10.5%	10.5%	0.0%	10.5%	299.1%	10.5%	18.6%	14.7%	11.8%	44.1%	**35.3%**
Benefit Package 186	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Benefit Package 187											33.5%	38.2%	**35.9%**
Benefit Package 188	530.8%	239.9%	157.0%	117.8%	139.7%	80.1%	106.9%	161.1%	80.4%	157.2%	80.7%	150.6%	**125.5%**
Benefit Package 189	321.1%	318.1%	121.9%	98.4%	163.7%	77.0%	104.5%	135.6%	81.8%	152.4%	150.8%	83.7%	**119.4%**
Benefit Package 190	427.9%	137.1%	118.7%	78.2%	128.5%	78.7%	89.9%	371.3%	27.2%	143.1%	109.7%	115.8%	**111.2%**
Benefit Package 191	130.1%	61.3%	8.5%	29.5%	69.8%	2.2%	91.7%	0.0%	250.8%	0.0%	19.6%	8.2%	**39.5%**
Benefit Package 192											19.1%	30.3%	**24.7%**
Benefit Package 193											3.5%	492.5%	**248.0%**
Benefit Package 194											42.0%	69.8%	**56.3%**
Benefit Package 195											33.8%	115.6%	**72.6%**
Benefit Package 196											47.2%	52.2%	**49.7%**
Benefit Package 197											29.3%	53.9%	**41.6%**
Benefit Package 198											117.8%	233.9%	**177.4%**
Benefit Package 199											52.1%	86.9%	**69.4%**
Benefit Package 200											34.8%	54.1%	**44.3%**
Benefit Package 201											45.6%	65.4%	**55.4%**
Benefit Package 202											35.2%	42.7%	**39.0%**
Benefit Package 203											53.2%	114.4%	**83.0%**
Benefit Package 204											46.5%	43.7%	**45.1%**
Benefit Package 205											34.2%	83.9%	**57.7%**
Benefit Package 206											36.6%	67.4%	**51.6%**
Benefit Package 207											11.6%	14.1%	**12.9%**
Benefit Package 208											12.9%	15.8%	**14.6%**
Benefit Package 209											39.4%	98.7%	**68.9%**
Benefit Package 210											22.9%	27.7%	**25.3%**
Benefit Package 211											32.4%	111.3%	**71.5%**
Benefit Package 212											30.6%	114.4%	**72.9%**
Benefit Package 213											49.2%	49.0%	**49.1%**
Benefit Package 214											16.3%	51.2%	**33.8%**
Benefit Package 215											68.0%	74.7%	**71.4%**
Benefit Package 216											143.6%	95.4%	**119.4%**
Benefit Package 217											47.8%	33.2%	**40.5%**
Benefit Package 228											3.6%	0.0%	**1.8%**
Benefit Package 229										36.8%	19.4%	18.7%	**24.1%**
Benefit Package 230										0.0%	18.7%	0.0%	**6.2%**
Benefit Package 231											59.5%	80.6%	**70.0%**
Benefit Package 232										114.1%	45.1%	65.9%	**75.2%**
Benefit Package 233										42.8%	91.5%	65.1%	**66.5%**

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K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package — Loss Ratios
Calendar Year 2013

	Loss Ratios												
Benefit Package	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 234											45.0%	65.4%	**55.2%**
Benefit Package 235											29.0%	33.8%	**31.4%**
Benefit Package 236											31.8%	52.7%	**42.3%**
Benefit Package 237											18.7%	22.8%	**20.8%**
Benefit Package 238											53.6%	7.0%	**28.4%**
Benefit Package 239										45.7%	38.6%	48.7%	**44.3%**
Benefit Package 240										49.0%	50.7%	75.0%	**58.3%**
Grand Total	**90.0%**	**83.3%**	**91.3%**	**93.1%**	**94.2%**	**96.1%**	**105.3%**	**107.1%**	**88.9%**	**97.1%**	**78.1%**	**83.2%**	**92.2%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8f
Financial Plan Structure and Overall Performance by Benefit Package
Calendar Year 2013

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 003	Enrollment	161	161	162	162	161	161	161	161	161				**161**
	Claims	$116,986	$135,958	$172,081	$89,757	$132,034	$256,906	$281,893	$220,621	$155,362				**$1,561,598**
	Premiums	$143,227	$143,227	$145,333	$145,333	$142,700	$143,227	$142,700	$142,700	$142,174				**$1,290,621**
	Loss Ratio	81.7%	94.9%	118.4%	61.8%	92.5%	179.4%	197.5%	154.6%	109.3%				**121.0%**
Benefit Package 004	Enrollment	80	79	79	79	78	78	78	78	78				**707**
	Claims	$51,821	$35,520	$49,419	$53,991	$50,901	$119,490	$52,321	$94,773	$58,610				**$566,847**
	Premiums	$78,014	$76,514	$76,014	$75,014	$74,513	$75,014	$75,014	$76,514	$76,514				**$683,125**
	Loss Ratio	66.4%	46.4%	65.0%	72.0%	68.3%	159.3%	69.7%	123.9%	76.6%				**83.0%**
Benefit Package 005	Enrollment	76	75	75	75	75	74	74	74	74				**672**
	Claims	$70,955	$223,050	$29,681	$38,898	$48,424	$49,506	$45,025	$28,409	$53,246				**$587,194**
	Premiums	$76,014	$75,014	$75,014	$73,013	$71,513	$71,513	$72,013	$72,013	$71,013				**$657,120**
	Loss Ratio	93.3%	297.3%	39.6%	53.3%	67.7%	69.2%	62.5%	39.4%	75.0%				**89.4%**
Benefit Package 006	Enrollment	9	11	10	10	10	10	10	10	10				**90**
	Claims	$19,729	$1,456	$1,974	$1,270	$430	$638	$4,069	$5,291	$1,606				**$36,463**
	Premiums	$10,147	$11,416	$10,147	$10,147	$10,147	$10,147	$9,725	$9,725	$9,725				**$91,326**
	Loss Ratio	194.4%	12.8%	19.5%	12.5%	4.2%	6.3%	41.8%	54.4%	16.5%				**39.9%**
Benefit Package 007	Enrollment	7	7	7	7	7	7	7	7	7				**63**
	Claims	$253	$0	$0	$13,708	$4,622	$777	$1,864	$386	$4,535				**$26,145**
	Premiums	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480	$6,480				**$58,320**
	Loss Ratio	3.9%	0.0%	0.0%	211.5%	71.3%	12.0%	28.8%	6.0%	70.0%				**44.8%**
Benefit Package 008	Enrollment	1	2	2	2	2	2	2	1	1	1	0	0	**16**
	Claims	$0	$439	$236	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$675**
	Premiums	$421	$842	$842	$842	$842	$842	$842	$421	$421	$421	$0	$0	**$6,737**
	Loss Ratio	0.0%	52.1%	28.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	**10.0%**
Benefit Package 009	Enrollment	56	56	56	56	56	56	56	54	54	55	60	59	**674**
	Claims	$35,498	$78,630	$88,978	$106,222	$139,673	$88,164	$125,742	$143,524	$39,691	$100,665	$120,834	$41,400	**$1,109,020**
	Premiums	$52,746	$52,746	$52,746	$52,746	$52,746	$52,162	$51,803	$49,458	$49,458	$50,271	$52,769	$52,769	**$622,420**
	Loss Ratio	67.3%	149.1%	168.7%	201.4%	264.8%	169.0%	242.7%	290.2%	80.3%	200.2%	229.0%	78.5%	**178.2%**
Benefit Package 010	Enrollment	261	261	260	257	256	256	256	255	252	256	260	258	**3,088**
	Claims	$294,676	$222,493	$205,918	$206,261	$226,732	$145,602	$305,662	$218,898	$153,291	$145,297	$276,085	$282,923	**$2,683,839**
	Premiums	$241,628	$239,826	$239,152	$235,949	$234,608	$234,608	$235,275	$234,601	$230,167	$233,891	$242,288	$240,899	**$2,842,893**
	Loss Ratio	122.0%	92.8%	86.1%	87.4%	96.6%	62.1%	129.9%	93.3%	66.6%	62.1%	113.9%	117.4%	**94.4%**
Benefit Package 011	Enrollment	91	92	93	93	92	92	92	94	93	92	96	96	**1,116**
	Claims	$15,234	$19,050	$29,370	$18,912	$26,845	$13,432	$31,046	$16,940	$15,602	$46,648	$23,774	$26,872	**$283,726**
	Premiums	$79,170	$79,633	$80,096	$80,096	$79,280	$78,821	$78,821	$80,240	$79,777	$78,115	$87,640	$86,860	**$968,548**
	Loss Ratio	19.2%	23.9%	36.7%	23.6%	33.9%	17.0%	39.4%	21.1%	19.6%	59.7%	27.1%	30.9%	**29.3%**
Benefit Package 012	Enrollment	128	128	127	127	126	125	124	120	116	233	273	278	**1,905**
	Claims	$96,986	$79,386	$45,176	$52,278	$80,259	$98,846	$39,190	$95,412	$36,893	$102,274	$114,399	$131,044	**$972,143**
	Premiums	$81,989	$84,026	$79,378	$79,965	$80,064	$80,119	$79,882	$81,818	$79,451	$139,537	$195,472	$206,318	**$1,268,019**
	Loss Ratio	118.3%	94.5%	56.9%	65.4%	100.2%	123.4%	49.1%	116.6%	46.4%	73.3%	58.5%	63.5%	**76.7%**
Benefit Package 013	Enrollment	134	134	134	134	132	129	129	129	128	264	360	361	**2,163**
	Claims	$157,938	$66,247	$118,030	$91,853	$130,578	$84,935	$172,876	$112,040	$119,290	$268,530	$182,987	$224,684	**$1,729,988**
	Premiums	$128,183	$124,031	$127,373	$127,874	$127,763	$120,471	$124,686	$123,016	$124,940	$270,720	$346,115	$314,566	**$2,059,739**
	Loss Ratio	123.2%	53.4%	92.7%	71.8%	102.2%	70.5%	138.6%	91.1%	95.5%	99.2%	52.9%	71.4%	**84.0%**
Benefit Package 014	Enrollment	230	239	242	240	242	240	238	218	196	403			**2,488**
	Claims	$99,319	$113,749	$84,587	$113,147	$83,300	$128,010	$99,702	$174,738	$193,991	$244,350			**$1,334,893**
	Premiums	$147,897	$141,692	$159,325	$153,525	$163,324	$149,819	$156,591	$132,598	$143,093	$292,764			**$1,640,627**
	Loss Ratio	67.2%	80.3%	53.1%	73.7%	51.0%	85.4%	63.7%	131.8%	135.6%	83.5%			**81.4%**
Benefit Package 016	Enrollment	158	156	155	153	153	153	153	152	150	314	84	84	**1,865**
	Claims	$88,471	$113,125	$83,983	$131,851	$94,826	$123,300	$90,543	$112,046	$93,996	$267,726	$40,038	$24,950	**$1,264,854**
	Premiums	$120,079	$119,763	$118,987	$117,168	$116,475	$117,163	$118,285	$115,884	$118,484	$251,346	$64,118	$65,230	**$1,442,981**
	Loss Ratio	73.7%	94.5%	70.6%	112.5%	81.4%	105.2%	76.5%	96.7%	79.3%	106.5%	62.4%	38.2%	**87.7%**
Benefit Package 017	Enrollment	6,436	6,513	6,575	6,606	6,621	6,638	6,629	6,621	6,648	7,025	10,739	10,885	**87,936**
	Claims	$3,189,783	$2,841,540	$3,290,087	$3,628,236	$3,249,192	$4,223,723	$4,310,321	$4,266,141	$3,203,348	$3,824,475	$4,757,936	$4,984,072	**$45,768,853**
	Premiums	$4,101,209	$4,131,340	$4,160,833	$4,181,754	$4,191,687	$4,201,473	$4,197,432	$4,192,757	$4,212,216	$4,398,111	$7,497,793	$7,583,125	**$57,049,730**
	Loss Ratio	77.8%	68.8%	79.1%	86.8%	77.5%	100.5%	102.7%	101.8%	76.0%	87.0%	63.5%	65.7%	**80.2%**

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K–12 School District Data Collection Project
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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 018	Enrollment	3,220	3,248	3,264	3,286	3,287	3,296	3,304	3,287	3,301	3,452	4,887	4,954	**42,786**
	Claims	$1,635,136	$1,759,923	$1,963,423	$1,733,908	$1,637,747	$2,100,388	$2,338,060	$2,137,759	$1,535,790	$1,799,746	$2,142,345	$2,829,547	**$23,613,773**
	Premiums	$2,143,917	$2,151,353	$2,162,206	$2,172,589	$2,173,363	$2,178,348	$2,183,505	$2,171,833	$2,182,041	$2,245,140	$3,593,865	$3,638,180	**$28,996,341**
	Loss Ratio	76.3%	81.8%	90.8%	79.8%	75.4%	96.4%	107.1%	98.4%	70.4%	80.2%	59.6%	77.8%	**81.4%**
Benefit Package 019	Enrollment	1,492	1,516	1,526	1,534	1,542	1,544	1,544	1,551	1,572	1,572	1,928	1,951	**19,272**
	Claims	$746,540	$677,857	$700,626	$833,064	$862,853	$947,956	$777,119	$840,175	$750,449	$797,515	$852,890	$950,630	**$9,737,673**
	Premiums	$933,392	$944,349	$952,124	$956,285	$960,114	$960,946	$960,464	$964,746	$979,058	$975,017	$1,344,712	$1,357,595	**$12,288,800**
	Loss Ratio	80.0%	71.8%	73.6%	87.1%	89.9%	98.6%	80.9%	87.1%	76.7%	81.8%	63.4%	70.0%	**79.2%**
Benefit Package 020	Enrollment	107	108	112	112	115	115	113	106	97	93	0	0	**1,078**
	Claims	$58,999	$48,284	$66,430	$45,335	$80,914	$74,082	$121,095	$97,939	$65,627	$216,678	$50,763	$4,558	**$930,704**
	Premiums	$83,568	$83,154	$85,824	$85,824	$88,468	$88,468	$86,813	$82,139	$76,130	$73,459	$0	$0	**$833,847**
	Loss Ratio	70.6%	58.1%	77.4%	52.8%	91.5%	83.7%	139.5%	119.2%	86.2%	295.0%	n/a	n/a	**111.6%**
Benefit Package 021	Enrollment	111	112	112	111	111	112	109	107	90	82	0	0	**1,057**
	Claims	$63,058	$30,904	$38,721	$27,619	$65,263	$24,943	$47,097	$26,517	$17,406	$46,939	$10,544	$307	**$399,317**
	Premiums	$67,053	$67,570	$67,570	$66,805	$66,805	$66,991	$65,441	$64,160	$54,302	$48,928	$0	$0	**$635,624**
	Loss Ratio	94.0%	45.7%	57.3%	41.3%	97.7%	37.2%	72.0%	41.3%	32.1%	95.9%	n/a	n/a	**62.8%**
Benefit Package 022	Enrollment	519	520	519	517	517	516	516	514	512	1,026	524	525	**6,725**
	Claims	$420,121	$462,711	$492,677	$481,428	$403,125	$383,774	$539,685	$534,728	$344,762	$686,897	$478,851	$316,065	**$5,544,823**
	Premiums	$463,971	$463,633	$462,955	$460,524	$461,201	$460,862	$460,985	$456,553	$455,691	$918,030	$509,636	$510,662	**$6,084,703**
	Loss Ratio	90.5%	99.8%	106.4%	104.5%	87.4%	83.3%	117.1%	117.1%	75.7%	74.8%	94.0%	61.9%	**91.1%**
Benefit Package 024	Enrollment	28	27	27	26	26	26	26	26	27	46	187	189	**661**
	Claims	$4,214	$4,090	$7,350	$7,356	$6,138	$16,501	$28,917	$10,986	$5,092	$15,977	$58,021	$48,768	**$213,410**
	Premiums	$20,091	$19,603	$20,091	$19,067	$19,067	$19,286	$19,286	$19,286	$20,481	$34,256	$140,646	$140,646	**$491,804**
	Loss Ratio	21.0%	20.9%	36.6%	38.6%	32.2%	85.6%	149.9%	57.0%	24.9%	46.6%	41.3%	34.7%	**43.4%**
Benefit Package 025	Enrollment	628	651	670	687	697	704	705	706	717	826	1,343	1,386	**9,720**
	Claims	$184,782	$136,595	$367,424	$248,628	$170,600	$199,843	$533,010	$289,786	$333,527	$299,690	$426,186	$405,967	**$3,596,036**
	Premiums	$369,176	$378,415	$389,340	$397,072	$402,092	$406,440	$407,174	$408,371	$413,681	$465,076	$878,091	$903,288	**$5,818,215**
	Loss Ratio	50.1%	36.1%	94.4%	62.6%	42.4%	49.2%	130.9%	71.0%	80.6%	64.4%	48.5%	44.9%	**61.8%**
Benefit Package 027	Enrollment	134	132	133	132	130	130	130	130	128	264			**1,443**
	Claims	$78,957	$77,234	$68,041	$81,937	$128,485	$143,303	$72,203	$84,643	$142,112	$130,348			**$1,007,262**
	Premiums	$120,526	$118,164	$119,264	$118,510	$116,279	$115,683	$115,118	$115,072	$114,024	$238,382			**$1,291,021**
	Loss Ratio	65.5%	65.4%	57.1%	69.1%	110.5%	123.9%	62.7%	73.6%	124.6%	54.7%			**78.0%**
Benefit Package 029	Enrollment	496	495	493	491	491	489	486	481	480	957			**5,359**
	Claims	$531,459	$322,290	$447,378	$380,437	$299,375	$445,238	$529,147	$482,822	$395,110	$923,039			**$4,756,293**
	Premiums	$451,888	$452,062	$452,227	$448,456	$447,167	$444,703	$445,617	$438,115	$437,695	$877,111			**$4,895,041**
	Loss Ratio	117.6%	71.3%	98.9%	84.8%	66.9%	100.1%	118.7%	110.2%	90.3%	105.2%			**97.2%**
Benefit Package 030	Enrollment	521	520	520	519	517	516	516	516	517	1,008	917	918	**7,505**
	Claims	$401,480	$357,177	$486,497	$493,027	$553,239	$316,252	$731,801	$441,667	$285,814	$862,857	$896,068	$835,051	**$6,660,930**
	Premiums	$484,253	$479,104	$485,904	$483,412	$480,432	$475,448	$477,373	$471,116	$474,304	$1,007,325	$1,018,244	$875,774	**$7,212,691**
	Loss Ratio	82.9%	74.6%	100.1%	102.0%	115.2%	66.5%	153.3%	93.7%	60.3%	85.7%	88.0%	95.4%	**92.4%**
Benefit Package 031	Enrollment	853	846	845	848	848	846	842	839	838	1,690	823	827	**10,945**
	Claims	$611,553	$518,658	$566,334	$547,199	$647,051	$746,260	$585,851	$442,245	$538,215	$1,249,476	$655,473	$628,612	**$7,736,927**
	Premiums	$748,777	$736,781	$742,931	$741,638	$741,635	$737,047	$733,792	$730,632	$732,777	$1,487,770	$770,115	$763,064	**$9,666,958**
	Loss Ratio	81.7%	70.4%	76.2%	73.8%	87.2%	101.3%	79.8%	60.5%	73.4%	84.0%	85.1%	82.4%	**80.0%**
Benefit Package 032	Enrollment	300	299	299	300	300	301	300	298	296	605			**3,298**
	Claims	$320,432	$201,472	$148,723	$198,055	$248,471	$232,048	$282,492	$164,846	$198,995	$439,624			**$2,435,158**
	Premiums	$278,072	$276,335	$278,044	$277,234	$275,542	$276,595	$276,326	$273,824	$274,169	$568,361			**$3,054,501**
	Loss Ratio	115.2%	72.9%	53.5%	71.4%	90.2%	83.9%	102.2%	60.2%	72.6%	77.3%			**79.7%**
Benefit Package 033	Enrollment	245	246	245	246	245	244	245	247	245	499			**2,707**
	Claims	$247,573	$124,695	$139,991	$272,534	$157,642	$179,240	$141,960	$178,831	$107,936	$476,180			**$2,026,583**
	Premiums	$195,263	$195,797	$195,405	$195,206	$194,602	$193,151	$194,430	$195,030	$193,380	$418,820			**$2,171,084**
	Loss Ratio	126.8%	63.7%	71.6%	139.6%	81.0%	92.8%	73.0%	91.7%	55.8%	113.7%			**93.3%**
Benefit Package 034	Enrollment	107	105	108	108	108	107	108	106	105	217			**1,179**
	Claims	$106,099	$127,159	$73,003	$159,292	$168,999	$94,838	$132,305	$106,520	$29,925	$76,699			**$1,074,838**
	Premiums	$87,456	$89,596	$92,595	$92,312	$89,764	$90,737	$91,610	$88,789	$88,375	$181,650			**$992,885**
	Loss Ratio	121.3%	141.9%	78.8%	172.6%	188.3%	104.5%	144.4%	120.0%	33.9%	42.2%			**108.3%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Financial Plan Structure and Overall Performance by Benefit Package
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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 038	Enrollment	126	126	126	128	129	129	129	129	130	231			**1,383**
	Claims	$105,619	$107,421	$116,080	$108,274	$253,143	$59,708	$101,175	$100,974	$141,493	$146,880			**$1,240,767**
	Premiums	$123,722	$120,733	$122,226	$124,000	$117,022	$125,499	$124,970	$125,844	$126,613	$230,971			**$1,341,598**
	Loss Ratio	85.4%	89.0%	95.0%	87.3%	216.3%	47.6%	81.0%	80.2%	111.8%	63.6%			**92.5%**
Benefit Package 039	Enrollment	225	225	224	224	224	221	221	220	219	241			**2,244**
	Claims	$194,895	$229,054	$135,365	$171,965	$314,485	$133,508	$120,370	$161,253	$113,924	$178,166			**$1,752,985**
	Premiums	$189,165	$191,337	$189,857	$189,215	$188,558	$187,419	$186,685	$184,182	$184,479	$220,810			**$1,911,707**
	Loss Ratio	103.0%	119.7%	71.3%	90.9%	166.8%	71.2%	64.5%	87.6%	61.8%	80.7%			**91.7%**
Benefit Package 040	Enrollment	115	115	115	115	114	114	113	111	111	72	56	55	**1,206**
	Claims	$80,013	$160,751	$115,987	$110,327	$139,363	$123,970	$73,863	$87,945	$79,010	$76,764	$35,654	$43,540	**$1,127,188**
	Premiums	$110,860	$110,860	$110,860	$110,860	$110,076	$110,076	$109,292	$107,662	$108,774	$69,806	$60,452	$59,511	**$1,179,089**
	Loss Ratio	72.2%	145.0%	104.6%	99.5%	126.6%	112.6%	67.6%	81.7%	72.6%	110.0%	59.0%	73.2%	**95.6%**
Benefit Package 043	Enrollment	24	24	24	24	24	24	24	24	23				**215**
	Claims	$8,962	$10,291	$10,279	$44,987	$45,525	$11,185	$14,196	$14,590	$11,677				**$171,692**
	Premiums	$20,671	$20,671	$20,671	$20,671	$20,671	$20,671	$20,671	$20,671	$19,887				**$185,256**
	Loss Ratio	43.4%	49.8%	49.7%	217.6%	220.2%	54.1%	68.7%	70.6%	58.7%				**92.7%**
Benefit Package 044	Enrollment	499	502	500	500	503	505	503	500	503	509	515	518	**6,057**
	Claims	$324,440	$345,753	$377,793	$396,931	$427,399	$499,601	$556,680	$484,172	$575,000	$466,006	$538,080	$550,065	**$5,541,922**
	Premiums	$387,316	$389,516	$388,379	$386,609	$389,017	$390,948	$390,599	$386,837	$389,805	$391,828	$396,268	$399,790	**$4,686,914**
	Loss Ratio	83.8%	88.8%	97.3%	102.7%	109.9%	127.8%	142.5%	125.2%	147.5%	118.9%	135.8%	137.6%	**118.2%**
Benefit Package 045	Enrollment	109	109	109	108	107	108	107	107	107	57			**1,028**
	Claims	$59,163	$84,127	$99,938	$125,779	$46,892	$62,124	$147,195	$60,620	$130,392	$31,381			**$847,613**
	Premiums	$93,223	$93,223	$93,838	$93,390	$92,384	$93,083	$92,384	$92,052	$92,727	$44,330			**$880,634**
	Loss Ratio	63.5%	90.2%	106.5%	134.7%	50.8%	66.7%	159.3%	65.9%	140.6%	70.8%			**96.3%**
Benefit Package 046	Enrollment	94	94	93	94	94	95	95	94	94	58	85	84	**1,074**
	Claims	$31,437	$27,890	$89,901	$59,081	$84,400	$50,548	$59,084	$34,909	$50,625	$67,658	$77,621	$59,157	**$692,311**
	Premiums	$79,475	$79,475	$77,943	$78,577	$78,877	$79,210	$79,210	$78,577	$78,577	$53,342	$75,216	$74,462	**$912,940**
	Loss Ratio	39.6%	35.1%	115.3%	75.2%	107.0%	63.8%	74.6%	44.4%	64.4%	126.8%	103.2%	79.4%	**75.8%**
Benefit Package 047	Enrollment	19	19	19	19	19	19	19	19	19	1			**172**
	Claims	$9,172	$7,863	$6,769	$6,351	$10,282	$6,972	$9,082	$5,380	$19,283	$1,020			**$82,174**
	Premiums	$16,543	$16,543	$16,543	$16,543	$16,543	$16,543	$16,543	$16,543	$16,543	$699			**$149,587**
	Loss Ratio	55.4%	47.5%	40.9%	38.4%	62.2%	42.1%	54.9%	32.5%	116.6%	145.9%			**54.9%**
Benefit Package 048	Enrollment	29	29	29	28	28	28	28	28	28	2	3	3	**263**
	Claims	$8,280	$8,333	$9,443	$12,800	$18,284	$31,006	$28,820	$14,565	$21,639	$1,610	$2,223	$2,221	**$159,225**
	Premiums	$22,055	$22,055	$22,055	$21,421	$21,700	$21,700	$21,700	$21,700	$21,700	$2,166	$3,599	$3,599	**$205,449**
	Loss Ratio	37.5%	37.8%	42.8%	59.8%	84.3%	142.9%	132.8%	67.1%	99.7%	74.4%	61.8%	61.7%	**77.5%**
Benefit Package 049	Enrollment	34	34	34	34	33	33	33	33	33	27	25	25	**378**
	Claims	$16,386	$53,972	$19,042	$16,594	$11,858	$27,421	$15,796	$16,329	$11,244	$23,665	$9,214	$6,930	**$228,451**
	Premiums	$31,129	$31,129	$31,129	$31,129	$30,375	$30,375	$30,375	$30,375	$30,375	$26,914	$23,520	$23,520	**$350,345**
	Loss Ratio	52.6%	173.4%	61.2%	53.3%	39.0%	90.3%	52.0%	53.8%	37.0%	87.9%	39.2%	29.5%	**65.2%**
Benefit Package 050	Enrollment	55	57	58	57	57	56	56	56	56	58	56	56	**678**
	Claims	$42,937	$34,991	$54,708	$31,756	$67,350	$51,639	$24,983	$55,126	$42,456	$42,309	$42,016	$15,110	**$505,381**
	Premiums	$44,508	$45,648	$46,292	$45,648	$45,648	$45,152	$45,152	$45,152	$45,152	$49,439	$46,727	$46,727	**$551,245**
	Loss Ratio	96.5%	76.7%	118.2%	69.6%	147.5%	114.4%	55.3%	122.1%	94.0%	85.6%	89.9%	32.3%	**91.7%**
Benefit Package 051	Enrollment	9	9	9	9	9	9	9	9	8	5	5	5	**95**
	Claims	$1,261	$1,920	$2,554	$675	$1,091	$2,590	$2,242	$3,683	$1,969	$2,436	$1,204	$3,153	**$24,778**
	Premiums	$9,790	$9,790	$9,790	$9,790	$9,790	$9,790	$9,790	$9,790	$9,790	$6,669	$6,669	$6,669	**$108,117**
	Loss Ratio	12.9%	19.6%	26.1%	6.9%	11.1%	26.5%	22.9%	37.6%	20.1%	36.5%	18.1%	47.3%	**22.9%**
Benefit Package 052	Enrollment	3	3	3	3	3	3	3	3	3	3	3	3	**36**
	Claims	$1,264	$3,698	$182	$9,471	$4,555	$5,043	$750	$4,972	$1,826	$1,132	$3,571	$284	**$36,748**
	Premiums	$2,374	$2,374	$2,374	$2,374	$2,374	$2,374	$2,374	$2,374	$2,374	$2,707	$2,707	$2,707	**$29,487**
	Loss Ratio	53.2%	155.8%	7.7%	398.9%	191.9%	212.4%	31.6%	209.4%	76.9%	41.8%	131.9%	10.5%	**124.6%**
Benefit Package 053	Enrollment	4	4	4	4	4	4	4	4	4				**36**
	Claims	$21,825	$1,408	$575	$2,860	$1,469	$8,825	$23,631	$1,123	$479				**$62,195**
	Premiums	$3,474	$3,474	$3,474	$3,474	$3,474	$3,474	$3,474	$3,474	$3,474				**$31,266**
	Loss Ratio	628.2%	40.5%	16.6%	82.3%	42.3%	254.0%	680.2%	32.3%	13.8%				**198.9%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 056	Enrollment	80	81	80	79	79	79	79	78	78	79	78	79	**949**
	Claims	$57,164	$31,028	$60,384	$23,060	$41,987	$34,647	$42,140	$55,087	$28,056	$43,529	$51,868	$55,759	**$524,709**
	Premiums	$66,013	$67,392	$66,933	$66,276	$66,276	$66,276	$66,276	$66,276	$63,123	$71,693	$69,827	$66,238	**$802,599**
	Loss Ratio	86.6%	46.0%	90.2%	34.8%	63.4%	52.3%	63.6%	83.1%	44.4%	60.7%	74.3%	84.2%	**65.4%**
Benefit Package 057	Enrollment	15	15	15	15	15	15	16	17	17	16	16	16	**188**
	Claims	$1,778	$2,167	$5,577	$4,837	$4,805	$6,092	$5,162	$7,961	$7,040	$8,362	$54,253	$3,534	**$111,568**
	Premiums	$10,861	$10,278	$10,278	$10,278	$10,278	$10,278	$10,808	$10,808	$11,868	$12,388	$10,188	$11,809	**$130,120**
	Loss Ratio	16.4%	21.1%	54.3%	47.1%	46.8%	59.3%	47.8%	73.7%	59.3%	67.5%	532.5%	29.9%	**85.7%**
Benefit Package 058	Enrollment	38	38	37	36	35	35	35	34	35	39	38	41	**441**
	Claims	$6,624	$36,365	$7,977	$2,823	$5,003	$6,392	$4,521	$40,706	$22,535	$13,910	$5,205	$6,352	**$158,413**
	Premiums	$29,069	$29,069	$27,705	$27,151	$26,256	$26,256	$26,256	$25,318	$25,702	$29,199	$33,577	$33,856	**$339,414**
	Loss Ratio	22.8%	125.1%	28.8%	10.4%	19.1%	24.3%	17.2%	160.8%	87.7%	47.6%	15.5%	18.8%	**46.7%**
Benefit Package 059	Enrollment	108	108	107	106	105	105	105	104	103	117	324	321	**1,713**
	Claims	$88,948	$184,021	$88,194	$80,171	$120,584	$179,237	$79,724	$139,483	$42,236	$39,381	$264,430	$188,001	**$1,494,410**
	Premiums	$85,738	$85,071	$85,071	$84,404	$83,737	$83,737	$83,737	$83,147	$82,822	$97,228	$280,682	$278,727	**$1,414,101**
	Loss Ratio	103.7%	216.3%	103.7%	95.0%	144.0%	214.0%	95.2%	167.8%	51.0%	40.5%	94.2%	67.4%	**105.7%**
Benefit Package 060	Enrollment	72	72	72	72	72	72	72	72	72	94	358	359	**1,459**
	Claims	$168,397	$98,047	$123,240	$49,115	$104,546	$53,899	$48,785	$67,259	$40,530	$51,511	$108,994	$95,290	**$1,009,613**
	Premiums	$65,078	$64,835	$64,835	$64,835	$64,835	$63,982	$63,372	$63,372	$63,372	$82,639	$297,324	$296,429	**$1,254,908**
	Loss Ratio	258.8%	151.2%	190.1%	75.8%	161.2%	84.2%	77.0%	106.1%	64.0%	62.3%	36.7%	32.1%	**80.5%**
Benefit Package 061	Enrollment	43	43	43	43	44	44	44	44	45	73	73	73	**612**
	Claims	$9,311	$10,313	$11,937	$11,040	$17,117	$13,006	$14,619	$19,551	$15,715	$20,406	$14,871	$11,079	**$168,965**
	Premiums	$34,337	$34,930	$34,930	$35,990	$35,459	$35,459	$35,459	$35,459	$35,459	$57,871	$57,631	$57,390	**$490,374**
	Loss Ratio	27.1%	29.5%	34.2%	30.7%	48.3%	36.7%	41.2%	55.1%	44.3%	35.3%	25.8%	19.3%	**34.5%**
Benefit Package 062	Enrollment	20	20	20	20	20	20	20	19	19	33	261	266	**738**
	Claims	$6,873	$4,152	$26,758	$4,324	$6,556	$5,765	$9,111	$9,083	$4,283	$4,152	$29,288	$77,238	**$187,583**
	Premiums	$16,906	$16,906	$16,906	$16,906	$16,906	$16,906	$16,906	$16,397	$16,397	$29,660	$188,043	$190,864	**$559,703**
	Loss Ratio	40.7%	24.6%	158.3%	25.6%	38.8%	34.1%	53.9%	55.4%	26.1%	14.0%	15.6%	40.5%	**33.5%**
Benefit Package 063	Enrollment	861	865	870	877	877	877	882	885	886	1,437	1,460	1,476	**12,253**
	Claims	$499,332	$551,816	$571,987	$497,443	$710,417	$622,802	$608,617	$1,012,241	$515,075	$1,028,647	$826,838	$755,689	**$8,200,904**
	Premiums	$703,904	$703,487	$707,999	$711,758	$712,586	$711,176	$715,441	$717,794	$720,109	$1,122,341	$1,138,100	$1,151,683	**$9,816,378**
	Loss Ratio	70.9%	78.4%	80.8%	69.9%	99.7%	87.6%	85.1%	141.0%	71.5%	91.7%	72.7%	65.6%	**83.5%**
Benefit Package 064	Enrollment	194	194	195	195	195	196	197	198	197	195	195	195	**2,346**
	Claims	$81,027	$131,731	$114,984	$90,684	$111,718	$92,554	$108,519	$249,087	$145,009	$89,495	$155,769	$68,583	**$1,439,160**
	Premiums	$167,454	$168,878	$169,235	$167,885	$167,885	$168,715	$168,751	$169,345	$168,751	$171,037	$170,831	$171,074	**$2,029,841**
	Loss Ratio	48.4%	78.0%	67.9%	54.0%	66.5%	54.9%	64.3%	147.1%	85.9%	52.3%	91.2%	40.1%	**70.9%**
Benefit Package 065	Enrollment	1,191	1,190	1,185	1,183	1,181	1,183	1,175	1,189	1,193	1,217	1,413	1,413	**14,713**
	Claims	$946,751	$834,075	$857,598	$1,049,183	$952,226	$941,810	$981,594	$1,446,719	$937,743	$1,096,889	$1,020,612	$820,080	**$11,885,280**
	Premiums	$1,188,862	$1,191,687	$1,187,286	$1,186,967	$1,186,157	$1,188,346	$1,180,023	$1,195,009	$1,195,228	$1,217,902	$1,387,799	$1,394,870	**$14,700,136**
	Loss Ratio	79.6%	70.0%	72.2%	88.4%	80.3%	79.3%	83.2%	121.1%	78.5%	90.1%	73.5%	58.8%	**80.9%**
Benefit Package 066	Enrollment	778	778	785	788	791	796	795	794	789	811	822	836	**9,563**
	Claims	$404,394	$366,887	$427,299	$356,548	$458,367	$448,194	$512,242	$626,918	$494,940	$484,399	$502,924	$496,214	**$5,579,325**
	Premiums	$633,479	$626,976	$637,575	$636,516	$641,062	$640,716	$640,685	$640,364	$644,682	$643,571	$656,814	$676,207	**$7,718,647**
	Loss Ratio	63.8%	58.5%	67.0%	56.0%	71.5%	70.0%	80.0%	97.9%	76.8%	75.3%	76.6%	73.4%	**72.3%**
Benefit Package 067	Enrollment	1,201	1,204	1,211	1,209	1,206	1,204	1,205	1,208	1,206	1,270	1,332	1,344	**14,800**
	Claims	$514,992	$675,501	$616,822	$750,117	$733,728	$745,558	$798,721	$845,137	$881,219	$644,080	$550,272	$783,024	**$8,539,170**
	Premiums	$920,236	$925,820	$935,285	$929,778	$924,237	$913,002	$922,004	$923,482	$919,654	$1,024,087	$1,057,298	$1,073,336	**$11,468,218**
	Loss Ratio	56.0%	73.0%	66.0%	80.7%	79.4%	81.7%	86.6%	91.5%	95.8%	62.9%	52.0%	73.0%	**74.5%**
Benefit Package 068	Enrollment	523	526	528	529	529	529	529	531	529	514	518	522	**6,307**
	Claims	$331,413	$377,294	$368,521	$429,123	$421,989	$440,312	$590,263	$557,367	$344,856	$407,952	$414,616	$443,914	**$5,127,619**
	Premiums	$530,099	$526,109	$525,785	$527,750	$532,437	$531,551	$530,915	$533,323	$533,259	$522,717	$520,080	$522,813	**$6,336,837**
	Loss Ratio	62.5%	71.7%	70.1%	81.3%	79.3%	82.8%	111.2%	104.5%	64.7%	78.0%	79.7%	84.9%	**80.9%**
Benefit Package 069	Enrollment	1,096	1,097	1,097	1,093	1,096	1,097	1,095	1,086	1,084	1,119	1,137	1,138	**13,235**
	Claims	$702,457	$722,646	$678,807	$730,833	$887,592	$687,433	$894,012	$988,293	$932,002	$914,628	$593,765	$561,113	**$9,293,582**
	Premiums	$915,135	$925,041	$923,239	$916,683	$922,976	$921,288	$920,611	$911,080	$913,533	$1,011,081	$1,027,161	$1,016,839	**$11,324,666**
	Loss Ratio	76.8%	78.1%	73.5%	79.7%	96.2%	74.6%	97.1%	108.5%	102.0%	90.5%	57.8%	55.2%	**82.1%**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A8f
Financial Plan Structure and Overall Performance by Benefit Package
Calendar Year 2013

		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 070	Enrollment	515	505	507	506	506	505	505	501	499	498	501	501	**6,049**
	Claims	$425,355	$289,923	$812,047	$1,010,602	$609,052	$247,832	$433,505	$466,193	$335,708	$355,061	$261,331	$273,747	**$5,520,354**
	Premiums	$388,054	$372,388	$376,468	$373,283	$370,562	$375,304	$374,860	$370,012	$369,375	$365,682	$370,129	$363,566	**$4,469,685**
	Loss Ratio	109.6%	77.9%	215.7%	270.7%	164.4%	66.0%	115.6%	126.0%	90.9%	97.1%	70.6%	75.3%	**123.5%**
Benefit Package 071	Enrollment	4,543	4,542	4,541	4,529	4,517	4,502	4,493	4,470	4,470	4,381	4,292	4,304	**53,584**
	Claims	$3,067,776	$2,512,005	$3,052,315	$2,971,583	$3,435,264	$3,210,454	$3,557,928	$3,798,722	$3,245,101	$2,744,318	$2,652,486	$2,510,625	**$36,758,578**
	Premiums	$3,811,404	$3,810,953	$3,798,935	$3,791,165	$3,777,250	$3,764,971	$3,759,641	$3,734,785	$3,735,673	$3,905,471	$3,777,299	$3,785,587	**$45,453,136**
	Loss Ratio	80.5%	65.9%	80.3%	78.4%	90.9%	85.3%	94.6%	101.7%	86.9%	70.3%	70.2%	66.3%	**80.9%**
Benefit Package 072	Enrollment	3,609	3,608	3,617	3,622	3,630	3,635	3,634	3,620	3,618	3,197	3,224	3,228	**42,242**
	Claims	$2,489,321	$1,817,706	$2,077,938	$2,586,110	$2,569,621	$2,132,504	$2,250,694	$2,482,129	$2,357,195	$2,117,116	$2,351,133	$2,146,084	**$27,377,551**
	Premiums	$2,990,733	$2,984,495	$2,990,284	$2,983,674	$2,992,716	$2,993,019	$3,007,767	$2,972,563	$2,980,023	$2,775,901	$2,791,122	$2,775,570	**$35,237,869**
	Loss Ratio	83.2%	60.9%	69.5%	86.7%	85.9%	71.2%	74.8%	83.5%	79.1%	76.3%	84.2%	77.3%	**77.7%**
Benefit Package 073	Enrollment	622	624	621	622	625	625	622	619	621	613	621	626	**7,461**
	Claims	$381,048	$321,286	$390,481	$268,284	$587,988	$377,996	$381,463	$522,348	$399,587	$500,675	$457,086	$445,724	**$5,033,966**
	Premiums	$515,126	$513,569	$510,534	$512,314	$511,933	$513,172	$508,986	$510,279	$511,145	$502,627	$509,539	$507,731	**$6,126,955**
	Loss Ratio	74.0%	62.6%	76.5%	52.4%	114.9%	73.7%	74.9%	102.4%	78.2%	99.6%	89.7%	87.8%	**82.2%**
Benefit Package 074	Enrollment	2,735	2,746	2,753	2,751	2,747	2,748	2,739	2,727	2,721	2,866	2,868	2,872	**33,273**
	Claims	$1,287,627	$1,219,565	$1,462,154	$1,993,736	$1,571,981	$1,608,019	$1,896,915	$1,706,246	$1,592,595	$1,505,417	$1,874,905	$1,664,181	**$19,383,338**
	Premiums	$2,125,394	$2,124,080	$2,131,513	$2,118,858	$2,120,212	$2,134,316	$2,113,094	$2,105,076	$2,086,330	$2,305,344	$2,307,238	$2,298,621	**$25,970,075**
	Loss Ratio	60.6%	57.4%	68.6%	94.1%	74.1%	75.3%	89.8%	81.1%	76.3%	65.3%	81.3%	72.4%	**74.6%**
Benefit Package 075	Enrollment	1,448	1,447	1,445	1,441	1,440	1,437	1,430	1,425	1,423	1,426	1,479	1,482	**17,323**
	Claims	$936,462	$898,833	$1,220,646	$1,857,181	$1,273,617	$1,039,060	$1,774,922	$1,149,195	$1,427,048	$1,376,225	$1,053,830	$1,203,532	**$15,210,552**
	Premiums	$1,394,896	$1,400,775	$1,398,052	$1,392,778	$1,390,265	$1,390,287	$1,380,107	$1,375,999	$1,366,128	$1,369,081	$1,426,983	$1,423,154	**$16,708,504**
	Loss Ratio	67.1%	64.2%	87.3%	133.3%	91.6%	74.7%	128.6%	83.5%	104.5%	100.5%	73.9%	84.6%	**91.0%**
Benefit Package 076	Enrollment	2,981	2,981	2,986	2,987	2,988	2,987	2,985	2,978	2,980	2,858	2,754	2,762	**35,227**
	Claims	$2,168,084	$1,987,643	$2,297,808	$1,979,478	$2,346,858	$2,007,776	$2,398,705	$2,374,618	$2,100,166	$2,139,268	$1,768,925	$1,949,903	**$25,519,231**
	Premiums	$2,587,811	$2,579,222	$2,578,893	$2,581,890	$2,579,147	$2,580,462	$2,573,911	$2,570,058	$2,575,000	$2,493,580	$2,416,341	$2,383,706	**$30,500,021**
	Loss Ratio	83.8%	77.1%	89.1%	76.7%	91.0%	77.8%	93.2%	92.4%	81.6%	85.8%	73.2%	81.8%	**83.7%**
Benefit Package 077	Enrollment	267	268	268	266	267	267	265	263	263	188	196	196	**2,974**
	Claims	$201,969	$111,431	$221,844	$172,325	$167,661	$140,342	$229,934	$181,267	$121,313	$76,574	$58,502	$127,240	**$1,810,402**
	Premiums	$231,000	$233,511	$232,597	$230,473	$230,163	$231,432	$229,112	$224,867	$225,183	$159,152	$163,349	$164,063	**$2,554,901**
	Loss Ratio	87.4%	47.7%	95.4%	74.8%	72.8%	60.6%	100.4%	80.6%	53.9%	48.1%	35.8%	77.6%	**70.9%**
Benefit Package 078	Enrollment	5	0	0	0	0	0	0	0	0	0			**5**
	Claims	$5,150	$3,655	$5,698	$1,007	$748	$384	$152	$82	$82	$260			**$17,219**
	Premiums	$4,739	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$4,739**
	Loss Ratio	108.7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			**363.3%**
Benefit Package 079	Enrollment	29,610	29,626	29,599	29,575	29,563	29,538	29,514	29,366	29,318	26,634			**292,343**
	Claims	$23,490,757	$21,896,744	$23,156,630	$24,400,396	$23,668,032	$26,658,669	$28,331,871	$27,385,866	$23,540,880	$25,939,756			**$248,469,600**
	Premiums	$24,231,583	$24,161,017	$24,132,582	$24,119,501	$24,106,704	$24,095,177	$24,080,649	$23,966,871	$23,926,206	$21,759,549			**$238,579,840**
	Loss Ratio	96.9%	90.6%	96.0%	101.2%	98.2%	110.6%	117.7%	114.3%	98.4%	119.2%			**104.1%**
Benefit Package 080	Enrollment	11,981	12,009	12,030	12,035	12,045	12,046	12,019	11,999	11,990	11,757			**119,911**
	Claims	$7,412,437	$6,758,909	$7,419,344	$7,912,954	$7,598,850	$8,137,698	$8,705,438	$8,841,423	$7,521,799	$8,328,121			**$78,636,972**
	Premiums	$9,820,889	$9,814,048	$9,822,081	$9,823,183	$9,827,046	$9,823,555	$9,804,473	$9,792,148	$9,781,299	$9,528,713			**$97,837,434**
	Loss Ratio	75.5%	68.9%	75.5%	80.6%	77.3%	82.8%	88.8%	90.3%	76.9%	87.4%			**80.4%**
Benefit Package 081	Enrollment	11,200	11,182	11,145	11,121	11,098	11,080	11,036	10,973	10,937	9,977			**109,749**
	Claims	$10,805,769	$10,565,047	$11,690,712	$10,901,583	$11,262,479	$11,547,049	$13,251,417	$11,475,766	$9,926,454	$10,286,889			**$111,713,166**
	Premiums	$10,590,408	$10,547,322	$10,512,389	$10,492,528	$10,469,282	$10,452,042	$10,412,470	$10,353,304	$10,315,864	$9,424,251			**$103,569,860**
	Loss Ratio	102.0%	100.2%	111.2%	103.9%	107.6%	110.5%	127.3%	110.8%	96.2%	109.2%			**107.9%**
Benefit Package 082	Enrollment	67	66	66	66	65	65	65	65	65	47	42	42	**721**
	Claims	$42,847	$28,642	$49,233	$20,264	$29,118	$32,572	$28,346	$69,964	$48,305	$19,193	$17,961	$25,764	**$412,208**
	Premiums	$48,855	$47,940	$47,940	$47,940	$47,269	$47,269	$47,269	$47,269	$47,269	$34,018	$35,566	$35,566	**$534,169**
	Loss Ratio	87.7%	59.7%	102.7%	42.3%	61.6%	68.9%	60.0%	148.0%	102.2%	56.4%	50.5%	72.4%	**77.2%**
Benefit Package 083	Enrollment	2	2	2	2	2	2	2	2	2	2			**20**
	Claims	$42,881	$2,118	$26,276	$1,940	$1,534	$219	$1,029	$3,008	$1,264	$5,357			**$85,626**
	Premiums	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487	$1,487			**$14,875**
	Loss Ratio	2882.8%	142.4%	1766.5%	130.4%	103.1%	14.7%	69.2%	202.2%	85.0%	360.2%			**575.6%**

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K–12 School District Data Collection Project
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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 084	Enrollment	82	82	81	80	80	81	80	80	80	62			**788**
	Claims	$53,328	$60,533	$43,889	$85,135	$57,421	$42,071	$53,440	$137,891	$65,414	$55,248			**$654,370**
	Premiums	$54,628	$54,352	$53,649	$53,088	$53,088	$53,578	$52,816	$53,360	$53,088	$42,070			**$523,717**
	Loss Ratio	97.6%	111.4%	81.8%	160.4%	108.2%	78.5%	101.2%	258.4%	123.2%	131.3%			**124.9%**
Benefit Package 085	Enrollment	11	11	11	11	11	11	11	10	10	2	4	4	**107**
	Claims	$12,278	$5,076	$4,686	$5,318	$4,923	$7,537	$4,953	$12,157	$4,294	$4,288	$6,736	$5,590	**$77,837**
	Premiums	$7,617	$7,617	$7,617	$7,617	$7,617	$7,617	$7,617	$7,002	$7,002	$1,456	$3,180	$3,180	**$75,140**
	Loss Ratio	161.2%	66.6%	61.5%	69.8%	64.6%	99.0%	65.0%	173.6%	61.3%	294.5%	211.8%	175.8%	**103.6%**
Benefit Package 086	Enrollment	29	29	29	29	28	28	28	28	28	29	42	42	**369**
	Claims	$2,715	$2,226	$5,513	$14,337	$58,124	$12,525	$49,945	$6,362	$35,329	$78,961	$8,328	$7,966	**$282,333**
	Premiums	$13,342	$13,342	$13,342	$13,342	$12,741	$12,741	$12,741	$12,400	$12,400	$12,824	$21,887	$21,783	**$172,888**
	Loss Ratio	20.4%	16.7%	41.3%	107.5%	456.2%	98.3%	392.0%	51.3%	284.9%	615.7%	38.1%	36.6%	**163.3%**
Benefit Package 087	Enrollment	189	189	190	191	191	190	190	189	188	179			**1,886**
	Claims	$171,599	$96,452	$154,221	$78,748	$163,809	$135,264	$211,049	$188,133	$147,293	$117,653			**$1,464,221**
	Premiums	$143,082	$143,082	$143,733	$143,789	$143,789	$142,876	$142,876	$142,225	$141,574	$135,843			**$1,422,867**
	Loss Ratio	119.9%	67.4%	107.3%	54.8%	113.9%	94.7%	147.7%	132.3%	104.0%	86.6%			**102.9%**
Benefit Package 088	Enrollment	75	75	74	74	74	74	73	73	73	65			**730**
	Claims	$26,729	$25,195	$64,374	$51,047	$80,496	$39,028	$21,690	$45,970	$41,187	$31,031			**$426,748**
	Premiums	$68,251	$68,251	$67,073	$67,073	$67,073	$67,073	$66,234	$66,234	$66,234	$57,988			**$661,484**
	Loss Ratio	39.2%	36.9%	96.0%	76.1%	120.0%	58.2%	32.7%	69.4%	62.2%	53.5%			**64.5%**
Benefit Package 089	Enrollment	1,381	1,385	1,375	1,366	1,363	1,360	1,361	1,360	1,356	1,332			**13,639**
	Claims	$977,524	$1,032,169	$1,019,318	$779,694	$775,837	$1,081,711	$767,218	$1,447,326	$760,422	$827,037			**$9,468,258**
	Premiums	$955,656	$954,816	$954,075	$945,531	$944,258	$943,107	$942,566	$940,985	$939,233	$920,260			**$9,440,486**
	Loss Ratio	102.3%	108.1%	106.8%	82.5%	82.2%	114.7%	81.4%	153.8%	81.0%	89.9%			**100.3%**
Benefit Package 090	Enrollment	132	133	132	131	131	131	131	128	127	120			**1,296**
	Claims	$69,042	$108,795	$69,368	$80,331	$137,765	$73,039	$73,411	$109,551	$63,115	$64,248			**$848,664**
	Premiums	$106,597	$107,918	$106,893	$106,248	$106,163	$106,163	$106,163	$103,975	$103,245	$98,808			**$1,052,174**
	Loss Ratio	64.8%	100.8%	64.9%	75.6%	129.8%	68.8%	69.1%	105.4%	61.1%	65.0%			**80.7%**
Benefit Package 091	Enrollment	57	60	61	60	60	60	60	60	60	60			**598**
	Claims	$2,222	$1,453	$2,288	$2,253	$27,084	$9,791	$6,774	$9,554	$7,000	$5,240			**$73,660**
	Premiums	$29,074	$30,208	$30,527	$29,915	$29,915	$29,915	$29,915	$29,915	$29,915	$30,093			**$299,395**
	Loss Ratio	7.6%	4.8%	7.5%	7.5%	90.5%	32.7%	22.6%	31.9%	23.4%	17.4%			**24.6%**
Benefit Package 092	Enrollment	597	596	592	591	586	587	583	576	576	520	157	154	**6,115**
	Claims	$702,427	$464,797	$586,251	$524,808	$810,561	$437,311	$594,338	$721,512	$961,880	$486,697	$223,482	$300,510	**$6,814,575**
	Premiums	$485,589	$482,185	$480,398	$479,156	$478,341	$470,762	$475,042	$467,366	$460,761	$415,210	$145,683	$144,760	**$4,985,255**
	Loss Ratio	144.7%	96.4%	122.0%	109.5%	169.5%	92.9%	125.1%	154.4%	208.8%	117.2%	153.4%	207.6%	**136.7%**
Benefit Package 093	Enrollment	606	603	601	601	600	602	596	595	590	541	395	392	**6,722**
	Claims	$620,693	$382,648	$403,217	$422,138	$551,549	$423,178	$383,508	$604,970	$553,218	$383,691	$490,372	$339,316	**$5,558,498**
	Premiums	$465,762	$463,953	$461,894	$462,704	$460,131	$462,585	$459,081	$454,730	$453,641	$415,214	$362,933	$353,987	**$5,276,617**
	Loss Ratio	133.3%	82.5%	87.3%	91.2%	119.9%	91.5%	83.5%	133.0%	122.0%	92.4%	135.1%	95.9%	**105.3%**
Benefit Package 094	Enrollment	103	101	101	101	101	102	102	102	103	103	114		**1,032**
	Claims	$49,795	$29,410	$48,207	$43,778	$45,759	$37,146	$31,207	$75,527	$41,731	$62,838			**$465,398**
	Premiums	$63,322	$62,493	$62,493	$63,235	$62,864	$63,322	$62,907	$62,165	$62,994	$64,562			**$630,356**
	Loss Ratio	78.6%	47.1%	77.1%	69.2%	72.8%	58.7%	49.6%	121.5%	66.2%	97.3%			**73.8%**
Benefit Package 095	Enrollment	442	441	442	440	442	440	439	444	441	446			**4,417**
	Claims	$345,545	$274,213	$416,341	$405,962	$267,104	$215,009	$248,840	$273,433	$332,958	$208,879			**$2,988,283**
	Premiums	$290,471	$288,935	$288,652	$288,405	$287,603	$287,160	$286,778	$285,571	$285,903	$281,920			**$2,871,397**
	Loss Ratio	119.0%	94.9%	144.2%	140.8%	92.9%	74.9%	86.8%	95.7%	116.5%	74.1%			**104.1%**
Benefit Package 096	Enrollment	422	423	425	424	425	424	426	425	426	386			**4,206**
	Claims	$143,385	$273,631	$232,034	$165,521	$181,208	$165,462	$207,901	$352,406	$260,386	$183,794			**$2,165,727**
	Premiums	$268,860	$271,865	$271,435	$271,338	$274,034	$268,288	$274,226	$272,485	$273,015	$246,781			**$2,692,326**
	Loss Ratio	53.3%	100.6%	85.5%	61.0%	66.1%	61.7%	75.8%	129.3%	95.4%	74.5%			**80.4%**
Benefit Package 097	Enrollment	216	214	213	213	212	211	212	211	209	197	123	121	**2,352**
	Claims	$239,900	$131,631	$132,739	$134,531	$185,467	$104,291	$102,525	$206,688	$114,860	$123,964	$95,388	$42,840	**$1,614,826**
	Premiums	$158,724	$156,005	$153,681	$153,674	$153,026	$152,370	$154,197	$152,691	$151,205	$142,639	$101,835	$99,667	**$1,729,714**
	Loss Ratio	151.1%	84.4%	86.4%	87.5%	121.2%	68.4%	66.5%	135.4%	76.0%	86.9%	93.7%	43.0%	**93.4%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 098	Enrollment	335	338	340	341	340	345	345	347	347	379	347	361	**4,165**
	Claims	$117,066	$99,356	$190,995	$171,640	$234,406	$161,222	$152,915	$174,073	$141,560	$207,572	$266,539	$214,907	**$2,132,250**
	Premiums	$142,673	$143,767	$144,169	$144,777	$144,156	$144,797	$145,524	$145,677	$146,215	$158,651	$174,925	$179,736	**$1,815,067**
	Loss Ratio	82.1%	69.1%	132.5%	118.6%	162.6%	111.3%	105.1%	119.5%	96.8%	130.8%	152.4%	119.6%	**117.5%**
Benefit Package 099	Enrollment	14	15	14	14	14	14	14	14	12	15			**140**
	Claims	$670	$4,840	$74	$0	$1,554	$568	$1,231	$1,006	$783	$2,229			**$12,955**
	Premiums	$5,809	$6,758	$5,961	$5,961	$5,961	$5,961	$5,961	$5,961	$4,930	$5,728			**$58,989**
	Loss Ratio	11.5%	71.6%	1.2%	0.0%	26.1%	9.5%	20.7%	16.9%	15.9%	38.9%			**22.0%**
Benefit Package 100	Enrollment	18	18	18	18	18	18	18	19	19	23	26	27	**240**
	Claims	$265	$1,433	$248	$584	$1,221	$5,125	$926	$7,713	$558	$2,456	$1,701	$992	**$23,221**
	Premiums	$8,127	$8,127	$8,127	$8,127	$8,127	$8,127	$8,127	$8,127	$8,713	$10,785	$13,895	$13,895	**$112,306**
	Loss Ratio	3.3%	17.6%	3.1%	7.2%	15.0%	63.1%	11.4%	94.9%	6.4%	22.8%	12.2%	7.1%	**20.7%**
Benefit Package 104	Enrollment	260	260	263	264	268	269	271	275	273	300			**2,703**
	Claims	$124,653	$112,138	$97,278	$99,843	$137,598	$89,925	$109,871	$135,041	$96,140	$106,031			**$1,108,518**
	Premiums	$141,778	$140,457	$142,439	$142,883	$144,174	$144,341	$144,507	$148,635	$147,481	$162,242			**$1,458,936**
	Loss Ratio	87.9%	79.8%	68.3%	69.9%	95.4%	62.3%	76.0%	90.9%	65.2%	65.4%			**76.0%**
Benefit Package 108	Enrollment	241	238	237	236	233	233	230	228	225	219			**2,320**
	Claims	$387,551	$186,926	$224,895	$170,525	$161,635	$119,633	$163,250	$300,551	$173,810	$274,320			**$2,163,095**
	Premiums	$219,410	$214,993	$212,659	$213,174	$209,922	$210,963	$206,154	$204,850	$201,598	$198,485			**$2,092,207**
	Loss Ratio	176.6%	86.9%	105.8%	80.0%	77.0%	56.7%	79.2%	146.7%	86.2%	138.2%			**103.4%**
Benefit Package 110	Enrollment	143	139	141	140	134	141	143	141	141	142			**1,405**
	Claims	$106,720	$69,225	$72,908	$119,147	$77,520	$85,277	$49,778	$148,573	$116,907	$131,229			**$977,284**
	Premiums	$104,142	$101,335	$102,907	$102,289	$101,774	$98,646	$104,142	$101,540	$101,540	$101,578			**$1,019,893**
	Loss Ratio	102.5%	68.3%	70.8%	116.5%	76.2%	86.4%	47.8%	146.3%	115.1%	129.2%			**95.8%**
Benefit Package 111	Enrollment	265	265	265	263	263	264	262	276	273	261			**2,657**
	Claims	$182,970	$140,508	$255,409	$293,336	$188,951	$133,392	$165,943	$556,664	$91,045	$149,752			**$2,157,970**
	Premiums	$180,559	$178,151	$179,036	$177,895	$176,789	$178,151	$176,057	$187,366	$183,286	$180,118			**$1,797,407**
	Loss Ratio	101.3%	78.9%	142.7%	164.9%	106.9%	74.9%	94.3%	297.1%	49.7%	83.1%			**120.1%**
Benefit Package 113	Enrollment	35	38	35	35	35	35	35	33	33	33			**347**
	Claims	$16,416	$16,399	$16,135	$20,577	$32,357	$27,770	$30,439	$46,579	$17,067	$35,489			**$259,227**
	Premiums	$24,244	$27,726	$24,244	$23,995	$23,964	$23,964	$23,964	$22,722	$22,722	$22,167			**$239,713**
	Loss Ratio	67.7%	59.1%	66.6%	85.8%	135.0%	115.9%	127.0%	205.0%	75.1%	160.1%			**108.1%**
Benefit Package 114	Enrollment	406	402	401	401	399	399	402	399	396	379			**3,984**
	Claims	$199,863	$252,458	$339,477	$277,247	$426,841	$318,731	$209,713	$529,851	$324,779	$328,822			**$3,207,782**
	Premiums	$329,216	$324,270	$328,711	$321,027	$323,534	$323,534	$325,832	$325,634	$321,571	$308,941			**$3,232,269**
	Loss Ratio	60.7%	77.9%	103.3%	86.4%	131.9%	98.5%	64.4%	162.7%	101.0%	106.4%			**99.2%**
Benefit Package 115	Enrollment	22	22	22	22	22	23	21	22	22	21			**219**
	Claims	$33,977	$70,650	$75,670	$28,466	$69,585	$38,186	$17,902	$22,036	$57,927	$29,649			**$444,047**
	Premiums	$16,334	$16,334	$16,334	$16,334	$16,334	$16,334	$16,334	$16,334	$16,334	$15,684			**$162,689**
	Loss Ratio	208.0%	432.5%	463.3%	174.3%	426.0%	233.8%	109.6%	134.9%	354.6%	189.0%			**272.9%**
Benefit Package 116	Enrollment	364	349	357	355	358	356	357	354	355	341			**3,546**
	Claims	$1,091,248	$296,527	$354,346	$359,995	$357,278	$377,942	$716,723	$572,919	$469,395	$324,697			**$4,921,070**
	Premiums	$297,079	$296,019	$293,330	$293,967	$292,198	$297,786	$292,055	$291,348	$292,551	$282,151			**$2,928,484**
	Loss Ratio	367.3%	100.2%	120.8%	122.5%	122.3%	126.9%	245.4%	196.6%	160.4%	115.1%			**168.0%**
Benefit Package 121	Enrollment	375	374	372	372	371	372	373	372	372	0			**3,353**
	Claims	$462,968	$443,042	$430,927	$329,196	$422,650	$630,723	$335,001	$478,910	$289,857	$252,825			**$4,076,100**
	Premiums	$311,378	$311,701	$308,841	$307,208	$308,505	$308,234	$308,025	$307,020	$307,020	$0			**$2,777,933**
	Loss Ratio	148.7%	142.1%	139.5%	107.2%	137.0%	204.6%	108.8%	156.0%	94.4%	n/a			**146.7%**
Benefit Package 122	Enrollment	290	289	289	288	288	286	287	286	286	0			**2,589**
	Claims	$262,785	$106,311	$218,397	$172,507	$195,739	$144,087	$194,718	$190,512	$250,004	$292,716			**$2,027,776**
	Premiums	$202,149	$201,090	$203,148	$201,541	$201,752	$200,944	$199,762	$197,409	$197,409	$0			**$1,805,203**
	Loss Ratio	130.0%	52.9%	107.5%	85.6%	97.0%	71.7%	97.5%	96.5%	126.6%	n/a			**112.3%**
Benefit Package 123	Enrollment	12	13	13	14	14	14	14	14	14	0			**122**
	Claims	$612	$196	$7,954	$7,292	$4,065	$3,382	$841	$6,052	$7,768	$1,281			**$39,442**
	Premiums	$7,866	$8,218	$8,218	$8,711	$8,711	$8,346	$7,682	$8,014	$8,014	$0			**$73,779**
	Loss Ratio	7.8%	2.4%	96.8%	83.7%	46.7%	40.5%	11.0%	75.5%	96.9%	n/a			**53.5%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 127	Enrollment	18	18	18	18	19	19	19	19	19	27			**194**
	Claims	$6,011	$6,519	$4,855	$8,136	$17,896	$5,555	$9,856	$19,685	$13,772	$12,828			**$105,112**
	Premiums	$10,694	$10,694	$10,694	$10,694	$11,446	$11,446	$9,943	$12,948	$11,446	$15,452			**$115,457**
	Loss Ratio	56.2%	61.0%	45.4%	76.1%	156.4%	48.5%	99.1%	152.0%	120.3%	83.0%			**91.0%**
Benefit Package 128	Enrollment	211	211	212	209	210	209	210	213	212	215			**2,112**
	Claims	$176,412	$184,386	$199,771	$138,572	$246,165	$315,601	$104,744	$229,491	$153,686	$138,898			**$1,887,725**
	Premiums	$164,781	$164,407	$164,215	$161,828	$162,267	$161,657	$162,096	$164,569	$163,926	$163,404			**$1,633,152**
	Loss Ratio	107.1%	112.2%	121.7%	85.6%	151.7%	195.2%	64.6%	139.4%	93.8%	85.0%			**115.6%**
Benefit Package 129	Enrollment	641	639	636	636	634	638	640	641	639	612			**6,356**
	Claims	$507,784	$627,549	$563,828	$531,625	$350,818	$372,758	$385,384	$677,259	$383,071	$371,708			**$4,771,784**
	Premiums	$488,086	$486,759	$483,892	$483,931	$481,824	$484,915	$482,610	$483,240	$481,506	$462,029			**$4,818,792**
	Loss Ratio	104.0%	128.9%	116.5%	109.9%	72.8%	76.9%	79.9%	140.1%	79.6%	80.5%			**99.0%**
Benefit Package 130	Enrollment	438	436	435	433	434	433	428	426	426	439			**4,328**
	Claims	$242,239	$253,251	$469,645	$317,895	$310,986	$316,738	$257,911	$415,925	$317,515	$264,734			**$3,166,840**
	Premiums	$330,189	$328,650	$328,063	$326,952	$327,729	$326,714	$323,256	$323,742	$323,233	$329,811			**$3,268,339**
	Loss Ratio	73.4%	77.1%	143.2%	97.2%	94.9%	96.9%	79.8%	128.5%	98.2%	80.3%			**96.9%**
Benefit Package 131	Enrollment	8	8	8	8	8	8	8	8	9	13	21	22	**129**
	Claims	$817	$1,030	$834	$874	$1,682	$3,760	$2,096	$1,565	$1,191	$6,909	$20,858	$13,987	**$55,602**
	Premiums	$4,863	$4,863	$4,863	$4,863	$4,863	$4,863	$4,863	$4,863	$5,514	$8,018	$17,184	$18,050	**$87,667**
	Loss Ratio	16.8%	21.2%	17.2%	18.0%	34.6%	77.3%	43.1%	32.2%	21.6%	86.2%	121.4%	77.5%	**63.4%**
Benefit Package 132	Enrollment	9	9	9	9	9	9	9	9	8	7			**87**
	Claims	$206	$250	$2,138	$627	$691	$423	$381	$5,491	$376	$261			**$10,844**
	Premiums	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302	$4,302			**$43,019**
	Loss Ratio	4.8%	5.8%	49.7%	14.6%	16.1%	9.8%	8.9%	127.6%	8.7%	6.1%			**25.2%**
Benefit Package 133	Enrollment	179	176	180	180	180	183	182	183	185	182			**1,810**
	Claims	$191,970	$116,824	$188,684	$111,249	$135,691	$125,919	$129,836	$145,207	$77,796	$102,542			**$1,325,717**
	Premiums	$113,043	$111,722	$114,040	$113,659	$113,199	$116,005	$115,085	$115,670	$117,860	$118,106			**$1,148,389**
	Loss Ratio	169.8%	104.6%	165.5%	97.9%	119.9%	108.5%	112.8%	125.5%	66.0%	86.8%			**115.4%**
Benefit Package 134	Enrollment	61	61	63	66	65	65	65	57	64	62			**629**
	Claims	$3,765	$4,327	$25,997	$2,681	$17,848	$11,996	$8,899	$26,117	$36,483	$36,518			**$174,632**
	Premiums	$31,783	$31,783	$32,706	$33,843	$33,526	$33,526	$33,526	$30,646	$33,023	$32,520			**$326,883**
	Loss Ratio	11.8%	13.6%	79.5%	7.9%	53.2%	35.8%	26.5%	85.2%	110.5%	112.3%			**53.4%**
Benefit Package 135	Enrollment	236	230	235	233	234	234	234	235	234	228			**2,333**
	Claims	$74,838	$113,106	$69,079	$55,753	$94,997	$109,448	$47,845	$171,329	$129,635	$113,893			**$979,922**
	Premiums	$120,540	$114,238	$120,000	$117,068	$116,730	$117,015	$117,015	$117,335	$117,871	$114,095			**$1,171,905**
	Loss Ratio	62.1%	99.0%	57.6%	47.6%	81.4%	93.5%	40.9%	146.0%	110.0%	99.8%			**83.6%**
Benefit Package 136	Enrollment	27	36	28	28	28	28	28	25	26	27			**281**
	Claims	$7,664	$19,842	$3,818	$4,305	$15,610	$41,703	$5,886	$7,819	$5,555	$29,788			**$141,990**
	Premiums	$12,150	$15,678	$12,822	$12,782	$11,886	$12,483	$12,483	$11,483	$11,817	$12,150			**$125,734**
	Loss Ratio	63.1%	126.6%	29.8%	33.7%	131.3%	334.1%	47.1%	68.1%	47.0%	245.2%			**112.9%**
Benefit Package 137	Enrollment	119	119	117	117	117	117	120	118	118	122			**1,184**
	Claims	$8,539	$480,042	$53,511	$34,989	$54,558	$84,033	$51,290	$71,215	$68,514	$40,210			**$946,901**
	Premiums	$69,780	$69,014	$68,694	$68,821	$68,821	$68,821	$69,236	$70,195	$69,237	$70,609			**$693,229**
	Loss Ratio	12.2%	695.6%	77.9%	50.8%	79.3%	122.1%	74.1%	101.5%	99.0%	56.9%			**136.6%**
Benefit Package 138	Enrollment	6	6	7	7	7	7	7	7	7	8			**69**
	Claims	$0	$2	$802	$398	$2,667	$534	$415	$566	$470	$1,394			**$7,250**
	Premiums	$3,689	$3,689	$4,530	$4,530	$4,530	$4,530	$4,530	$4,530	$4,530	$4,967			**$44,053**
	Loss Ratio	0.0%	0.1%	17.7%	8.8%	58.9%	11.8%	9.2%	12.5%	10.4%	28.1%			**16.5%**
Benefit Package 172	Enrollment										343	344	343	**1,030**
	Claims										$269,031	$287,428	$232,424	**$788,883**
	Premiums										$314,391	$314,890	$311,709	**$940,990**
	Loss Ratio										85.6%	91.3%	74.6%	**83.8%**
Benefit Package 173	Enrollment	196	195	197	197	196	195	195	194	193	186	185	184	**2,313**
	Claims	$106,930	$111,104	$90,712	$160,205	$192,007	$287,862	$135,035	$156,105	$97,606	$153,191	$213,086	$198,543	**$1,902,386**
	Premiums	$157,149	$155,962	$157,872	$157,326	$156,929	$156,311	$156,311	$155,084	$154,401	$164,837	$163,069	$162,444	**$1,897,695**
	Loss Ratio	68.0%	71.2%	57.5%	101.8%	122.4%	184.2%	86.4%	100.7%	63.2%	92.9%	130.7%	122.2%	**100.2%**

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Benefit Package 174	Enrollment											307	306	**613**
	Claims											$250,246	$181,070	**$431,316**
	Premiums											$293,524	$292,907	**$586,431**
	Loss Ratio											85.3%	61.8%	**73.5%**
Benefit Package 175	Enrollment											265	267	**532**
	Claims											$130,904	$158,694	**$289,598**
	Premiums											$226,881	$232,765	**$459,646**
	Loss Ratio											57.7%	68.2%	**63.0%**
Benefit Package 176	Enrollment											270	268	**538**
	Claims											$268,712	$269,416	**$538,128**
	Premiums											$271,808	$270,772	**$542,580**
	Loss Ratio											98.9%	99.5%	**99.2%**
Benefit Package 177	Enrollment										104	312	311	**727**
	Claims										$41,626	$211,420	$250,389	**$503,435**
	Premiums										$84,898	$279,729	$274,842	**$639,468**
	Loss Ratio										49.0%	75.6%	91.1%	**78.7%**
Benefit Package 178	Enrollment										1	23	24	**48**
	Claims										$0	$302	$4,144	**$4,446**
	Premiums										$911	$16,502	$17,223	**$34,636**
	Loss Ratio										0.0%	1.8%	24.1%	**12.8%**
Benefit Package 179	Enrollment											20	19	**39**
	Claims											$3,827	$1,535	**$5,362**
	Premiums											$14,089	$13,457	**$27,545**
	Loss Ratio											27.2%	11.4%	**19.5%**
Benefit Package 180	Enrollment										10	8	8	**26**
	Claims										$2,113	$1,304	$2,948	**$6,365**
	Premiums										$13,550	$11,518	$11,518	**$36,586**
	Loss Ratio										15.6%	11.3%	25.6%	**17.4%**
Benefit Package 181	Enrollment										7	6	6	**19**
	Claims										$797	$2,261	$1,947	**$5,006**
	Premiums										$6,060	$5,245	$5,245	**$16,550**
	Loss Ratio										13.2%	43.1%	37.1%	**30.2%**
Benefit Package 182	Enrollment											22,706	22,661	**45,367**
	Claims											$19,815,993	$21,702,714	**$41,518,708**
	Premiums											$21,522,111	$21,466,935	**$42,989,046**
	Loss Ratio											92.1%	101.1%	**96.6%**
Benefit Package 183	Enrollment											14,047	14,097	**28,144**
	Claims											$8,562,237	$9,318,810	**$17,881,047**
	Premiums											$12,707,499	$12,738,721	**$25,446,221**
	Loss Ratio											67.4%	73.2%	**70.3%**
Benefit Package 184	Enrollment											6,214	6,182	**12,396**
	Claims											$7,305,673	$7,881,936	**$15,187,610**
	Premiums											$6,984,526	$6,945,279	**$13,929,805**
	Loss Ratio											104.6%	113.5%	**109.0%**
Benefit Package 185	Enrollment	1	1	1	1	1	1	1	1	1	2	1	1	**13**
	Claims	$122	$0	$115	$115	$0	$115	$3,275	$115	$203	$284	$144	$537	**$5,027**
	Premiums	$1,095	$1,095	$1,095	$1,095	$1,095	$1,095	$1,095	$1,095	$1,095	$1,933	$1,218	$1,218	**$14,221**
	Loss Ratio	11.2%	0.0%	10.5%	10.5%	0.0%	10.5%	299.1%	10.5%	18.6%	14.7%	11.8%	44.1%	**35.3%**
Benefit Package 186	Enrollment	2	2	2	2	2	2	2	2	2	2	1	1	**22**
	Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Premiums	$526	$526	$526	$526	$526	$526	$526	$526	$526	$526	$302	$302	**$5,862**
	Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Benefit Package 187	Enrollment											52	54	**106**
	Claims											$13,972	$16,599	**$30,571**
	Premiums											$41,653	$43,453	**$85,106**
	Loss Ratio											33.5%	38.2%	**35.9%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 188	Enrollment	857	858	856	857	853	854	850	846	846	820	820	826	**10,143**
	Claims	$298,624	$487,844	$648,287	$694,007	$887,048	$624,099	$589,583	$831,644	$579,463	$761,914	$562,331	$735,555	**$7,700,399**
	Premiums	$56,262	$203,366	$412,912	$589,237	$634,752	$778,896	$551,560	$516,387	$721,129	$484,760	$696,659	$488,355	**$6,134,275**
	Loss Ratio	530.8%	239.9%	157.0%	117.8%	139.7%	80.1%	106.9%	161.1%	80.4%	157.2%	80.7%	150.6%	**125.5%**
Benefit Package 189	Enrollment	715	716	715	717	715	717	718	722	723	737	745	748	**8,688**
	Claims	$150,712	$383,796	$446,919	$414,182	$628,930	$457,872	$456,947	$577,287	$421,317	$556,989	$796,611	$629,400	**$5,920,962**
	Premiums	$46,940	$120,647	$366,594	$421,022	$384,272	$594,715	$437,376	$425,750	$514,774	$365,562	$528,111	$751,596	**$4,957,359**
	Loss Ratio	321.1%	318.1%	121.9%	98.4%	163.7%	77.0%	104.5%	135.6%	81.8%	152.4%	150.8%	83.7%	**119.4%**
Benefit Package 190	Enrollment	146	147	147	148	147	147	148	148	149	156	157	162	**1,802**
	Claims	$40,734	$52,065	$62,768	$50,392	$64,375	$48,747	$43,299	$170,003	$44,048	$60,504	$67,756	$75,059	**$779,752**
	Premiums	$9,519	$37,963	$52,858	$64,453	$50,085	$61,966	$48,146	$45,786	$161,853	$42,285	$61,788	$64,813	**$701,515**
	Loss Ratio	427.9%	137.1%	118.7%	78.2%	128.5%	78.7%	89.9%	371.3%	27.2%	143.1%	109.7%	115.8%	**111.2%**
Benefit Package 191	Enrollment	6	6	6	6	6	6	6	6	6	7	7	7	**75**
	Claims	$512	$544	$79	$140	$372	$17	$377	$0	$988	$0	$90	$45	**$3,164**
	Premiums	$394	$887	$937	$473	$534	$764	$411	$771	$394	$1,442	$460	$548	**$8,013**
	Loss Ratio	130.1%	61.3%	8.5%	29.5%	69.8%	2.2%	91.7%	0.0%	250.8%	0.0%	19.6%	8.2%	**39.5%**
Benefit Package 192	Enrollment											190	190	**380**
	Claims											$24,929	$39,358	**$64,287**
	Premiums											$130,296	$130,035	**$260,331**
	Loss Ratio											19.1%	30.3%	**24.7%**
Benefit Package 193	Enrollment											11	12	**23**
	Claims											$284	$39,451	**$39,735**
	Premiums											$8,010	$8,010	**$16,020**
	Loss Ratio											3.5%	492.5%	**248.0%**
Benefit Package 194	Enrollment											263	266	**529**
	Claims											$64,852	$113,838	**$178,690**
	Premiums											$154,343	$163,056	**$317,399**
	Loss Ratio											42.0%	69.8%	**56.3%**
Benefit Package 195	Enrollment											38	34	**72**
	Claims											$6,712	$20,704	**$27,416**
	Premiums											$19,845	$17,911	**$37,756**
	Loss Ratio											33.8%	115.6%	**72.6%**
Benefit Package 196	Enrollment											25	25	**50**
	Claims											$8,620	$9,529	**$18,148**
	Premiums											$18,249	$18,249	**$36,498**
	Loss Ratio											47.2%	52.2%	**49.7%**
Benefit Package 197	Enrollment											314	313	**627**
	Claims											$77,895	$143,632	**$221,527**
	Premiums											$265,574	$266,368	**$531,942**
	Loss Ratio											29.3%	53.9%	**41.6%**
Benefit Package 198	Enrollment											17	19	**36**
	Claims											$16,102	$33,765	**$49,867**
	Premiums											$13,671	$14,435	**$28,106**
	Loss Ratio											117.8%	233.9%	**177.4%**
Benefit Package 199	Enrollment											262	261	**523**
	Claims											$116,255	$191,686	**$307,941**
	Premiums											$223,052	$220,639	**$443,692**
	Loss Ratio											52.1%	86.9%	**69.4%**
Benefit Package 200	Enrollment											251	246	**497**
	Claims											$68,500	$102,207	**$170,707**
	Premiums											$196,565	$188,827	**$385,392**
	Loss Ratio											34.8%	54.1%	**44.3%**
Benefit Package 201	Enrollment											200	198	**398**
	Claims											$68,880	$97,017	**$165,897**
	Premiums											$151,101	$148,435	**$299,536**
	Loss Ratio											45.6%	65.4%	**55.4%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 202	Enrollment											114	115	**229**
	Claims											$26,275	$32,389	**$58,663**
	Premiums											$74,564	$75,900	**$150,464**
	Loss Ratio											35.2%	42.7%	**39.0%**
Benefit Package 203	Enrollment											166	162	**328**
	Claims											$73,091	$149,467	**$222,559**
	Premiums											$137,431	$130,597	**$268,028**
	Loss Ratio											53.2%	114.4%	**83.0%**
Benefit Package 204	Enrollment											98	96	**194**
	Claims											$41,645	$37,409	**$79,054**
	Premiums											$89,512	$85,677	**$175,189**
	Loss Ratio											46.5%	43.7%	**45.1%**
Benefit Package 205	Enrollment											1,290	1,286	**2,576**
	Claims											$328,162	$721,135	**$1,049,297**
	Premiums											$958,978	$859,211	**$1,818,189**
	Loss Ratio											34.2%	83.9%	**57.7%**
Benefit Package 206	Enrollment											404	411	**815**
	Claims											$90,649	$158,228	**$248,877**
	Premiums											$247,467	$234,588	**$482,055**
	Loss Ratio											36.6%	67.4%	**51.6%**
Benefit Package 207	Enrollment											85	87	**172**
	Claims											$5,400	$6,623	**$12,022**
	Premiums											$46,429	$47,000	**$93,429**
	Loss Ratio											11.6%	14.1%	**12.9%**
Benefit Package 208	Enrollment											36	37	**73**
	Claims											$3,000	$4,959	**$7,959**
	Premiums											$23,255	$31,397	**$54,652**
	Loss Ratio											12.9%	15.8%	**14.6%**
Benefit Package 209	Enrollment											312	309	**621**
	Claims											$100,672	$250,015	**$350,687**
	Premiums											$255,405	$253,381	**$508,786**
	Loss Ratio											39.4%	98.7%	**68.9%**
Benefit Package 210	Enrollment											130	129	**259**
	Claims											$19,138	$23,537	**$42,675**
	Premiums											$83,466	$84,952	**$168,418**
	Loss Ratio											22.9%	27.7%	**25.3%**
Benefit Package 211	Enrollment											110	109	**219**
	Claims											$21,978	$74,240	**$96,218**
	Premiums											$67,815	$66,700	**$134,515**
	Loss Ratio											32.4%	111.3%	**71.5%**
Benefit Package 212	Enrollment											51	52	**103**
	Claims											$11,476	$43,750	**$55,226**
	Premiums											$37,565	$38,235	**$75,800**
	Loss Ratio											30.6%	114.4%	**72.9%**
Benefit Package 213	Enrollment											41	42	**83**
	Claims											$8,725	$8,888	**$17,613**
	Premiums											$17,731	$18,148	**$35,879**
	Loss Ratio											49.2%	49.0%	**49.1%**
Benefit Package 214	Enrollment											16	16	**32**
	Claims											$1,216	$3,829	**$5,044**
	Premiums											$7,471	$7,471	**$14,942**
	Loss Ratio											16.3%	51.2%	**33.8%**
Benefit Package 215	Enrollment											393	390	**783**
	Claims											$203,940	$221,404	**$425,345**
	Premiums											$299,751	$296,287	**$596,038**
	Loss Ratio											68.0%	74.7%	**71.4%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 216	Enrollment											355	358	**713**
	Claims											$463,846	$310,128	**$773,974**
	Premiums											$323,074	$325,004	**$648,078**
	Loss Ratio											143.6%	95.4%	**119.4%**
Benefit Package 217	Enrollment											470	473	**943**
	Claims											$175,403	$122,183	**$297,587**
	Premiums											$366,828	$368,229	**$735,057**
	Loss Ratio											47.8%	33.2%	**40.5%**
Benefit Package 228	Enrollment											5	6	**11**
	Claims											$327	$0	**$327**
	Premiums											$9,044	$9,547	**$18,591**
	Loss Ratio											3.6%	0.0%	**1.8%**
Benefit Package 229	Enrollment										13	15	17	**45**
	Claims										$4,104	$2,516	$2,775	**$9,395**
	Premiums										$11,140	$12,996	$14,853	**$38,989**
	Loss Ratio										36.8%	19.4%	18.7%	**24.1%**
Benefit Package 230	Enrollment										3	3	3	**9**
	Claims										$0	$243	$0	**$243**
	Premiums										$1,302	$1,302	$1,302	**$3,906**
	Loss Ratio										0.0%	18.7%	0.0%	**6.2%**
Benefit Package 231	Enrollment											46	46	**92**
	Claims											$21,690	$29,368	**$51,059**
	Premiums											$36,453	$36,453	**$72,906**
	Loss Ratio											59.5%	80.6%	**70.0%**
Benefit Package 232	Enrollment										72	71	71	**214**
	Claims										$64,956	$25,438	$37,135	**$127,528**
	Premiums										$56,917	$56,348	$56,348	**$169,613**
	Loss Ratio										114.1%	45.1%	65.9%	**75.2%**
Benefit Package 233	Enrollment										94	94	94	**282**
	Claims										$40,454	$86,545	$62,007	**$189,007**
	Premiums										$94,570	$94,570	$95,205	**$284,345**
	Loss Ratio										42.8%	91.5%	65.1%	**66.5%**
Benefit Package 234	Enrollment											292	292	**584**
	Claims											$119,647	$173,125	**$292,772**
	Premiums											$265,847	$264,859	**$530,706**
	Loss Ratio											45.0%	65.4%	**55.2%**
Benefit Package 235	Enrollment											156	156	**312**
	Claims											$35,528	$41,540	**$77,068**
	Premiums											$122,447	$122,810	**$245,257**
	Loss Ratio											29.0%	33.8%	**31.4%**
Benefit Package 236	Enrollment											75	77	**152**
	Claims											$23,533	$39,660	**$63,193**
	Premiums											$74,065	$75,253	**$149,318**
	Loss Ratio											31.8%	52.7%	**42.3%**
Benefit Package 237	Enrollment											54	56	**110**
	Claims											$7,127	$8,938	**$16,064**
	Premiums											$38,175	$39,154	**$77,329**
	Loss Ratio											18.7%	22.8%	**20.8%**
Benefit Package 238	Enrollment											7	8	**15**
	Claims											$1,867	$289	**$2,156**
	Premiums											$3,480	$4,112	**$7,592**
	Loss Ratio											53.6%	7.0%	**28.4%**
Benefit Package 239	Enrollment										171	173	172	**516**
	Claims										$81,078	$68,614	$85,205	**$234,896**
	Premiums										$177,569	$177,569	$174,918	**$530,056**
	Loss Ratio										45.7%	38.6%	48.7%	**44.3%**

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		Financial Measures												
Benefit Package	**Category**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Benefit Package 240	Enrollment										191	191	192	**574**
	Claims										$102,845	$106,443	$158,556	**$367,844**
	Premiums										$210,035	$210,035	$211,360	**$631,430**
	Loss Ratio										49.0%	50.7%	75.0%	**58.3%**
Grand Total	Enrollment	**104,737**	**104,902**	**104,988**	**104,978**	**104,955**	**104,946**	**104,789**	**104,414**	**104,293**	**104,729**	**101,660**	**102,036**	**1,251,427**
	Claims	**$75,353,473**	**$69,827,436**	**$76,946,965**	**$78,680,899**	**$79,504,098**	**$81,456,918**	**$88,678,318**	**$89,764,825**	**$74,868,351**	**$82,334,434**	**$69,021,504**	**$73,314,421**	**$939,751,642**
	Premiums	**$83,685,985**	**$83,796,793**	**$84,315,646**	**$84,471,200**	**$84,426,160**	**$84,751,296**	**$84,247,426**	**$83,849,676**	**$84,183,260**	**$84,752,802**	**$88,352,464**	**$88,169,734**	**$1,019,002,441**
	Loss Ratio	**90.0%**	**83.3%**	**91.3%**	**93.1%**	**94.2%**	**96.1%**	**105.3%**	**107.1%**	**88.9%**	**97.1%**	**78.1%**	**83.2%**	**92.2%**

Washington State Office of the Insurance Commissioner
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Exhibit A9a
Experience Reports by Benefit Package — Premiums and Claims Paid
Calendar Year 2013

Benefit Package	Avg. Monthly Employees	Avg. Monthly Members	Total Premiums	Total Claims Paid							
				Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 003	161	272	$1,290,621	$365,506	$371,791	$71,340	$459,702	$0	$293,259	$0	$1,561,598
Benefit Package 004	79	152	$683,125	$49,788	$286,260	$32,385	$128,530	$0	$69,884	$0	$566,847
Benefit Package 005	75	146	$657,120	$183,874	$111,502	$36,694	$165,523	$0	$89,600	$0	$587,194
Benefit Package 006	10	24	$91,326	$0	$17,982	$453	$13,426	$0	$4,602	$0	$36,463
Benefit Package 007	7	19	$58,320	$0	$17,326	$3,098	$5,042	$0	$679	$0	$26,145
Benefit Package 008	1	1	$6,737	$0	$0	$0	$236	$439	$0	$0	$675
Benefit Package 009	56	105	$622,420	$202,847	$104,439	$17,637	$145,679	$598,577	$39,840	$0	$1,109,020
Benefit Package 010	257	409	$2,842,893	$427,274	$652,039	$106,207	$559,155	$743,206	$199,381	$0	$2,683,839
Benefit Package 011	93	240	$968,548	$7,567	$68,796	$16,912	$88,185	$71,861	$30,405	$0	$283,726
Benefit Package 012	159	304	$1,268,019	$147,628	$16,895	$22,788	$45,930	$669,098	$69,804	$0	$972,143
Benefit Package 013	180	428	$2,059,739	$315,913	$166,434	$58,480	$147,408	$842,423	$199,330	$0	$1,729,988
Benefit Package 014	249	357	$1,640,627	$239,992	$115,697	$33,822	$68,652	$693,750	$182,980	$0	$1,334,893
Benefit Package 016	155	262	$1,442,981	$156,212	$117,638	$55,971	$98,396	$620,892	$215,744	$0	$1,264,854
Benefit Package 017	7,328	17,590	$57,049,730	$9,289,666	$10,066,343	$1,701,382	$18,890,830	$684,785	$5,135,846	$0	$45,768,853
Benefit Package 018	3,566	8,890	$28,996,341	$4,578,171	$6,060,587	$999,442	$7,799,965	$330,784	$3,844,823	$0	$23,613,773
Benefit Package 019	1,606	3,885	$12,288,800	$2,039,910	$2,027,943	$426,098	$3,638,959	$150,441	$1,454,322	$0	$9,737,673
Benefit Package 020	90	125	$833,847	$181,896	$152,087	$37,887	$225,709	$198,861	$136,594	$0	$930,704
Benefit Package 021	88	127	$635,624	$87,636	$48,372	$12,705	$128,287	$97,730	$26,227	$0	$399,317
Benefit Package 022	560	1,208	$6,084,703	$1,319,819	$669,040	$174,030	$1,578,217	$1,144,022	$659,696	$0	$5,544,823
Benefit Package 024	55	113	$491,804	$33,516	$29,368	$14,601	$78,070	$40,629	$17,226	$0	$213,410
Benefit Package 025	810	2,249	$5,818,215	$1,152,463	$803,275	$153,415	$1,221,403	$68,229	$197,251	$0	$3,596,036
Benefit Package 027	144	262	$1,291,021	$169,411	$74,655	$63,297	$69,731	$513,142	$117,025	$0	$1,007,262
Benefit Package 029	536	1,191	$4,895,041	$1,021,534	$462,460	$246,737	$389,949	$2,204,302	$431,311	$0	$4,756,293
Benefit Package 030	625	1,288	$7,212,691	$1,963,855	$382,689	$200,362	$602,116	$2,887,160	$624,749	$0	$6,660,930
Benefit Package 031	912	1,766	$9,666,958	$1,760,592	$509,417	$288,671	$630,980	$3,741,912	$805,356	$0	$7,736,927
Benefit Package 032	330	739	$3,054,501	$574,783	$131,553	$67,040	$241,528	$1,184,278	$235,977	$0	$2,435,158
Benefit Package 033	271	457	$2,171,084	$443,716	$123,858	$136,750	$130,457	$958,590	$233,212	$0	$2,026,583
Benefit Package 034	118	216	$992,885	$286,077	$123,598	$70,495	$93,338	$440,129	$61,201	$0	$1,074,838
Benefit Package 038	138	312	$1,341,598	$258,713	$89,381	$49,970	$104,496	$640,298	$97,910	$0	$1,240,767
Benefit Package 039	224	449	$1,911,707	$330,622	$120,503	$81,036	$151,453	$838,334	$231,037	$0	$1,752,985
Benefit Package 040	101	135	$1,179,089	$279,878	$136,580	$30,326	$458,098	$11,296	$211,011	$0	$1,127,188
Benefit Package 043	24	28	$185,256	$58,240	$3,474	$568	$54,921	$3,269	$51,220	$0	$171,692
Benefit Package 044	505	859	$4,686,914	$930,162	$1,405,221	$91,070	$1,759,929	$64,341	$1,291,199	$0	$5,541,922
Benefit Package 045	103	158	$880,634	$297,748	$93,713	$26,538	$253,879	$9,217	$166,517	$0	$847,613
Benefit Package 046	90	160	$912,940	$116,308	$160,707	$26,291	$253,823	$2,590	$132,593	$0	$692,311
Benefit Package 047	17	28	$149,587	$9,412	$3,397	$516	$47,853	$166	$20,829	$0	$82,174
Benefit Package 048	22	42	$205,449	$14,884	$39,926	$2,038	$53,416	$212	$48,749	$0	$159,225
Benefit Package 049	32	49	$350,345	$20,561	$28,016	$2,862	$97,898	$48,841	$30,269	$0	$228,451
Benefit Package 050	57	158	$551,245	$42,137	$41,707	$5,145	$249,522	$92,874	$73,994	$0	$505,381
Benefit Package 051	8	11	$108,117	$0	$702	$394	$16,337	$1,996	$5,348	$0	$24,778
Benefit Package 052	3	4	$29,487	$0	$836	$0	$12,226	$22,939	$746	$0	$36,748
Benefit Package 053	4	6	$31,266	$22,629	$12,009	$0	$22,888	$3,935	$736	$0	$62,195
Benefit Package 056	79	189	$802,599	$50,931	$40,639	$29,914	$286,999	$45,393	$70,835	$0	$524,709
Benefit Package 057	16	38	$130,120	$25,093	$3,892	$2,971	$56,308	$11,887	$11,419	$0	$111,568
Benefit Package 058	37	97	$339,414	$69,777	$13,100	$388	$56,031	$11,733	$7,385	$0	$158,413
Benefit Package 059	143	217	$1,414,101	$329,104	$211,663	$14,682	$435,153	$320,195	$183,616	$0	$1,494,410
Benefit Package 060	122	226	$1,254,908	$180,158	$155,683	$8,550	$372,497	$173,970	$118,754	$0	$1,009,613
Benefit Package 061	51	113	$490,374	$0	$7,701	$1,691	$94,968	$23,596	$41,012	$0	$168,965
Benefit Package 062	62	142	$559,703	$0	$20,299	$2,188	$108,485	$28,784	$27,827	$0	$187,583

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				Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 063	1,021	1,817	$9,816,378	$1,468,684	$797,065	$134,795	$3,692,018	$1,056,884	$1,051,457	$0	$8,200,904
Benefit Package 064	196	436	$2,029,841	$192,430	$144,374	$24,115	$684,744	$240,199	$153,298	$0	$1,439,160
Benefit Package 065	1,226	3,039	$14,700,136	$3,051,061	$2,675,288	$528,943	$2,537,535	$1,640,186	$1,452,262	$0	$11,885,280
Benefit Package 066	797	1,842	$7,718,647	$869,959	$834,768	$267,399	$1,497,017	$1,116,030	$994,152	$0	$5,579,325
Benefit Package 067	1,233	2,656	$11,468,218	$1,662,608	$1,088,789	$213,673	$2,841,408	$1,672,057	$1,060,635	$0	$8,539,170
Benefit Package 068	526	1,201	$6,336,837	$748,348	$674,379	$200,951	$1,764,135	$1,090,482	$649,324	$0	$5,127,619
Benefit Package 069	1,103	2,005	$11,324,666	$2,231,289	$1,170,273	$240,197	$2,743,819	$1,734,047	$1,173,957	$0	$9,293,582
Benefit Package 070	504	723	$4,469,685	$2,046,075	$1,187,693	$226,662	$1,015,001	$476,460	$568,463	$0	$5,520,354
Benefit Package 071	4,465	8,606	$45,453,136	$6,324,368	$7,023,351	$1,512,398	$10,963,550	$6,536,034	$4,398,877	$0	$36,758,578
Benefit Package 072	3,520	6,559	$35,237,869	$6,003,693	$3,597,622	$956,815	$8,753,076	$5,050,219	$3,016,126	$0	$27,377,551
Benefit Package 073	622	1,490	$6,126,955	$1,477,082	$879,930	$199,581	$1,118,612	$650,094	$708,666	$0	$5,033,966
Benefit Package 074	2,773	5,027	$25,970,075	$3,720,203	$3,373,413	$451,763	$6,076,535	$3,075,145	$2,686,279	$0	$19,383,338
Benefit Package 075	1,444	2,916	$16,708,504	$3,490,445	$2,053,609	$535,348	$4,175,968	$2,557,101	$2,398,082	$0	$15,210,552
Benefit Package 076	2,936	5,604	$30,500,021	$5,105,714	$3,807,906	$1,028,559	$7,764,459	$4,833,413	$2,979,180	$0	$25,519,231
Benefit Package 077	248	460	$2,554,901	$311,147	$221,186	$64,678	$604,825	$362,694	$245,872	$0	$1,810,402
Benefit Package 078	1	1	$4,739	$0	$246	$0	$4,676	$0	$12,297	$0	$17,219
Benefit Package 079	29,234	49,437	$238,579,840	$51,391,585	$57,027,776	$8,137,941	$78,048,819	$3,532,743	$50,330,736	$0	$248,469,600
Benefit Package 080	11,991	25,702	$97,837,434	$14,779,446	$18,629,048	$3,276,999	$24,921,390	$1,091,122	$15,938,968	$0	$78,636,972
Benefit Package 081	10,975	18,171	$103,569,860	$22,229,362	$24,949,523	$3,890,409	$37,461,705	$1,370,584	$21,811,582	$0	$111,713,166
Benefit Package 082	60	82	$534,169	$20,283	$44,038	$15,238	$221,460	$0	$111,188	$0	$412,208
Benefit Package 083	2	4	$14,875	$60,246	$1,772	$31	$18,988	$0	$4,588	$0	$85,626
Benefit Package 084	79	180	$523,717	$166,809	$70,039	$23,450	$265,023	$0	$129,049	$0	$654,370
Benefit Package 085	9	12	$75,140	$3,498	$3,886	$0	$27,866	$0	$42,588	$0	$77,837
Benefit Package 086	31	90	$172,888	$97,236	$48,794	$564	$111,320	$0	$24,418	$0	$282,333
Benefit Package 087	189	271	$1,422,867	$241,703	$185,572	$71,127	$674,824	$0	$290,995	$0	$1,464,221
Benefit Package 088	73	94	$661,484	$81,783	$31,251	$12,180	$185,084	$0	$116,449	$0	$426,748
Benefit Package 089	1,364	2,867	$9,440,486	$2,248,657	$1,866,448	$383,917	$3,524,701	$0	$1,444,535	$0	$9,468,258
Benefit Package 090	130	175	$1,052,174	$157,256	$46,190	$11,470	$361,735	$0	$272,012	$0	$848,664
Benefit Package 091	60	141	$299,395	$13,147	$748	$3,336	$53,069	$0	$3,360	$0	$73,660
Benefit Package 092	510	703	$4,985,255	$2,377,512	$627,397	$216,647	$2,607,315	$0	$985,703	$0	$6,814,575
Benefit Package 093	560	922	$5,276,617	$784,555	$1,307,249	$176,677	$2,084,284	$0	$1,205,733	$0	$5,558,498
Benefit Package 094	103	257	$630,356	$70,392	$52,454	$35,016	$187,127	$0	$120,409	$0	$465,398
Benefit Package 095	442	839	$2,871,397	$763,605	$574,983	$75,077	$1,117,560	$0	$457,059	$0	$2,988,283
Benefit Package 096	421	657	$2,692,326	$413,990	$336,196	$77,015	$860,728	$0	$477,798	$0	$2,165,727
Benefit Package 097	196	268	$1,729,714	$292,464	$211,419	$57,289	$842,920	$0	$210,735	$0	$1,614,826
Benefit Package 098	347	827	$1,815,067	$254,594	$304,126	$99,158	$1,095,459	$0	$378,914	$0	$2,132,250
Benefit Package 099	14	36	$58,989	$2,132	$0	$2,103	$7,978	$0	$742	$0	$12,955
Benefit Package 100	20	57	$112,306	$0	$2,679	$3,040	$16,529	$0	$973	$0	$23,221
Benefit Package 104	270	686	$1,458,936	$171,591	$189,698	$73,473	$391,265	$0	$282,492	$0	$1,108,518
Benefit Package 108	232	341	$2,092,207	$470,149	$267,621	$113,020	$842,364	$0	$469,941	$0	$2,163,095
Benefit Package 110	141	198	$1,019,893	$255,315	$123,939	$26,100	$435,164	$0	$136,766	$0	$977,284
Benefit Package 111	266	382	$1,797,407	$611,697	$392,986	$78,890	$839,779	$0	$234,618	$0	$2,157,970
Benefit Package 113	35	42	$239,713	$0	$107,386	$16,007	$71,571	$0	$64,263	$0	$259,227
Benefit Package 114	398	632	$3,232,269	$763,682	$355,056	$122,865	$1,381,932	$0	$584,246	$0	$3,207,782
Benefit Package 115	22	27	$162,689	$3,452	$263,943	$12,908	$93,163	$0	$70,582	$0	$444,047
Benefit Package 116	355	545	$2,928,484	$1,668,270	$1,017,120	$179,235	$1,371,951	$0	$684,494	$0	$4,921,070
Benefit Package 121	335	513	$2,777,933	$1,311,292	$692,922	$90,446	$1,503,223	$0	$478,217	$0	$4,076,100
Benefit Package 122	259	430	$1,805,203	$571,311	$245,804	$42,306	$862,912	$0	$305,444	$0	$2,027,776
Benefit Package 123	12	30	$73,779	$5,681	$10,396	$1,119	$20,711	$0	$1,535	$0	$39,442

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				Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 127	19	60	$115,457	$8,532	$4,215	$3,097	$41,385	$0	$47,884	$0	$105,112
Benefit Package 128	211	610	$1,633,152	$355,590	$587,130	$52,109	$619,428	$0	$273,469	$0	$1,887,725
Benefit Package 129	636	1,071	$4,818,792	$1,202,156	$803,142	$121,410	$1,825,568	$0	$819,507	$0	$4,771,784
Benefit Package 130	433	982	$3,268,339	$866,597	$534,663	$77,345	$1,290,267	$0	$397,967	$0	$3,166,840
Benefit Package 131	11	46	$87,667	$3,494	$20,182	$969	$27,787	$0	$3,170	$0	$55,602
Benefit Package 132	9	19	$43,019	$0	$3,212	$432	$7,056	$0	$144	$0	$10,844
Benefit Package 133	181	336	$1,148,389	$229,971	$230,717	$54,949	$521,994	$0	$288,087	$0	$1,325,717
Benefit Package 134	63	140	$326,883	$10,846	$41,775	$21,325	$83,844	$0	$16,841	$0	$174,632
Benefit Package 135	233	484	$1,171,905	$162,618	$264,284	$32,015	$316,598	$0	$204,407	$0	$979,922
Benefit Package 136	28	44	$125,734	$7,089	$67,945	$1,393	$51,862	$0	$13,701	$0	$141,990
Benefit Package 137	118	348	$693,229	$525,486	$120,040	$29,293	$240,782	$0	$31,299	$0	$946,901
Benefit Package 138	7	20	$44,053	$0	$0	$1,600	$4,776	$0	$873	$0	$7,250
Benefit Package 172	343	636	$940,990	$62,011	$182,133	$47,331	$172,367	$150,261	$174,780	$0	$788,883
Benefit Package 173	193	261	$1,897,695	$285,095	$305,831	$84,661	$412,263	$351,775	$462,754	$0	$1,902,386
Benefit Package 174	307	654	$586,431	$37,428	$60,897	$15,925	$59,558	$215,123	$42,384	$0	$431,316
Benefit Package 175	266	438	$459,646	$36,441	$15,998	$33,624	$11,331	$155,826	$36,377	$0	$289,598
Benefit Package 176	269	534	$542,580	$195,904	$21,331	$22,262	$45,219	$196,639	$56,774	$0	$538,128
Benefit Package 177	242	422	$639,468	$110,366	$30,020	$33,273	$35,525	$226,250	$68,001	$0	$503,435
Benefit Package 178	16	49	$34,636	$0	$0	$717	$3,494	$216	$18	$0	$4,446
Benefit Package 179	20	26	$27,545	$0	$462	$0	$3,264	$0	$1,636	$0	$5,362
Benefit Package 180	9	13	$36,586	$0	$15	$542	$4,062	$0	$1,747	$0	$6,365
Benefit Package 181	6	8	$16,550	$0	$14	$361	$3,924	$0	$706	$0	$5,006
Benefit Package 182	22,684	38,067	$42,989,046	$8,598,341	$10,210,809	$1,349,928	$11,780,231	$611,534	$8,967,864	$0	$41,518,708
Benefit Package 183	14,072	27,038	$25,446,221	$3,295,285	$4,340,360	$720,886	$5,349,672	$200,689	$3,974,154	$0	$17,881,047
Benefit Package 184	6,198	10,566	$13,929,805	$3,585,439	$3,343,981	$613,598	$4,514,727	$162,258	$2,967,606	$0	$15,187,610
Benefit Package 185	1	4	$14,221	$0	$2,484	$0	$855	$883	$805	$0	$5,027
Benefit Package 186	2	2	$5,862	$0	$0	$0	$0	$0	$0	$0	$0
Benefit Package 187	53	129	$85,106	$0	$0	$539	$17,672	$0	$12,360	$0	$30,571
Benefit Package 188	845	1,076	$6,134,275	$1,384,051	$1,265,838	$140,070	$3,323,893	$0	$1,586,547	$0	$7,700,399
Benefit Package 189	724	1,654	$4,957,359	$1,030,079	$1,524,876	$117,091	$2,301,853	$0	$947,062	$0	$5,920,962
Benefit Package 190	150	447	$701,515	$56,398	$130,360	$13,704	$453,330	$0	$125,960	$0	$779,752
Benefit Package 191	6	17	$8,013	$0	$0	$0	$3,158	$0	$6	$0	$3,164
Benefit Package 192	190	554	$260,331	$0	$3,143	$1,947	$32,988	$0	$26,210	$0	$64,287
Benefit Package 193	12	33	$16,020	$30,548	$0	$0	$8,181	$0	$1,007	$0	$39,735
Benefit Package 194	265	564	$317,399	$8,760	$24,613	$3,558	$53,672	$0	$88,088	$0	$178,690
Benefit Package 195	36	57	$37,756	$13,008	$0	$0	$7,540	$0	$6,868	$0	$27,416
Benefit Package 196	25	25	$36,498	$0	$0	$0	$5,291	$0	$12,857	$0	$18,148
Benefit Package 197	314	416	$531,942	$0	$30,782	$5,160	$109,565	$0	$76,019	$0	$221,527
Benefit Package 198	18	19	$28,106	$0	$34,344	$0	$5,829	$0	$9,694	$0	$49,867
Benefit Package 199	262	323	$443,692	$0	$50,024	$23,085	$120,605	$0	$114,227	$0	$307,941
Benefit Package 200	249	409	$385,392	$30,497	$18,071	$6,921	$67,261	$0	$47,957	$0	$170,707
Benefit Package 201	199	350	$299,536	$9,512	$10,625	$17,289	$70,323	$0	$58,146	$0	$165,897
Benefit Package 202	115	266	$150,464	$0	$315	$1,040	$33,707	$0	$23,600	$0	$58,663
Benefit Package 203	164	234	$268,028	$34,702	$15,661	$23,436	$95,422	$0	$53,337	$0	$222,559
Benefit Package 204	97	139	$175,189	$0	$0	$4,613	$31,261	$0	$43,180	$0	$79,054
Benefit Package 205	1,288	2,440	$1,818,189	$91,577	$254,414	$35,950	$388,362	$0	$278,994	$0	$1,049,297
Benefit Package 206	408	1,055	$482,055	$37,694	$37,148	$8,734	$84,595	$0	$80,706	$0	$248,877
Benefit Package 207	86	196	$93,429	$0	$0	$0	$10,399	$0	$1,623	$0	$12,022
Benefit Package 208	37	80	$54,652	$0	$0	$1,437	$4,699	$0	$1,823	$0	$7,959

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Experience Reports by Benefit Package — Premiums and Claims Paid
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Benefit Package	Avg. Monthly Employees	Avg. Monthly Members	Total Premiums	Total Claims Paid							
				Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 209	311	402	$508,786	$76,541	$42,406	$14,061	$131,905	$0	$85,775	$0	$350,687
Benefit Package 210	130	218	$168,418	$0	$902	$0	$24,503	$0	$17,270	$0	$42,675
Benefit Package 211	110	145	$134,515	$4,259	$43,620	$0	$29,806	$0	$18,533	$0	$96,218
Benefit Package 212	52	66	$75,800	$12,764	$3,145	$4,790	$21,857	$0	$12,671	$0	$55,226
Benefit Package 213	42	89	$35,879	$1,021	$63	$0	$6,852	$0	$9,676	$0	$17,613
Benefit Package 214	16	44	$14,942	$0	$1,420	$0	$2,592	$0	$1,033	$0	$5,044
Benefit Package 215	392	968	$596,038	$87,170	$78,152	$31,722	$158,643	$0	$69,659	$0	$425,345
Benefit Package 216	357	625	$648,078	$146,988	$191,303	$27,736	$282,252	$0	$125,695	$0	$773,974
Benefit Package 217	472	862	$735,057	$33,250	$17,662	$19,049	$163,445	$0	$64,182	$0	$297,587
Benefit Package 228	6	19	$18,591	$0	$0	$0	$327	$0	$0	$0	$327
Benefit Package 229	15	35	$38,989	$0	$3,233	$0	$4,504	$0	$1,658	$0	$9,395
Benefit Package 230	3	3	$3,906	$0	$0	$0	$243	$0	$0	$0	$243
Benefit Package 231	46	76	$72,906	$0	$28,310	$0	$11,308	$0	$11,441	$0	$51,059
Benefit Package 232	71	99	$169,613	$35,787	$19,687	$1,240	$41,467	$0	$29,348	$0	$127,528
Benefit Package 233	94	149	$284,345	$7,820	$99,844	$8,445	$53,995	$0	$18,904	$0	$189,007
Benefit Package 234	292	537	$530,706	$2,120	$106,185	$19,990	$88,102	$0	$76,375	$0	$292,772
Benefit Package 235	156	339	$245,257	$0	$27,284	$4,237	$32,196	$0	$13,351	$0	$77,068
Benefit Package 236	76	189	$149,318	$0	$38,979	$2,410	$19,567	$0	$2,237	$0	$63,193
Benefit Package 237	55	119	$77,329	$0	$4,439	$0	$6,559	$0	$5,066	$0	$16,064
Benefit Package 238	8	12	$7,592	$0	$882	$417	$808	$0	$49	$0	$2,156
Benefit Package 239	172	267	$530,056	$20,562	$63,869	$6,826	$93,754	$0	$49,885	$0	$234,896
Benefit Package 240	191	318	$631,430	$20,843	$122,416	$6,678	$158,047	$0	$59,860	$0	$367,844
Grand Total/Average	**104,286**	**200,597**	**$1,019,002,441**	**$193,776,444**	**$191,305,198**	**$33,207,989**	**$297,330,058**	**$61,598,054**	**$162,541,282**	**$0**	**$939,751,642**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9b
Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 003	161	$889.47	$251.90	$256.23	$49.17	$316.82	$0.00	$202.11	$0.00	$1,076.22
Benefit Package 004	79	$966.23	$70.42	$404.89	$45.81	$181.80	$0.00	$98.85	$0.00	$801.76
Benefit Package 005	75	$977.86	$273.62	$165.93	$54.60	$246.31	$0.00	$133.33	$0.00	$873.80
Benefit Package 006	10	$1,014.73	$0.00	$199.80	$5.03	$149.18	$0.00	$51.13	$0.00	$405.14
Benefit Package 007	7	$925.71	$0.00	$275.02	$49.17	$80.03	$0.00	$10.78	$0.00	$415.00
Benefit Package 008	1	$421.07	$0.00	$0.00	$0.00	$14.73	$27.43	$0.00	$0.00	$42.16
Benefit Package 009	56	$923.47	$300.96	$154.95	$26.17	$216.14	$888.10	$59.11	$0.00	$1,645.43
Benefit Package 010	257	$920.63	$138.37	$211.15	$34.39	$181.07	$240.68	$64.57	$0.00	$869.12
Benefit Package 011	93	$867.87	$6.78	$61.64	$15.15	$79.02	$64.39	$27.24	$0.00	$254.23
Benefit Package 012	159	$665.63	$77.50	$8.87	$11.96	$24.11	$351.23	$36.64	$0.00	$510.31
Benefit Package 013	180	$952.26	$146.05	$76.95	$27.04	$68.15	$389.47	$92.15	$0.00	$799.81
Benefit Package 014	249	$659.42	$96.46	$46.50	$13.59	$27.59	$278.84	$73.55	$0.00	$536.53
Benefit Package 016	155	$773.72	$83.76	$63.08	$30.01	$52.76	$332.92	$115.68	$0.00	$678.21
Benefit Package 017	7,328	$648.76	$105.64	$114.47	$19.35	$214.82	$7.79	$58.40	$0.00	$520.48
Benefit Package 018	3,566	$677.71	$107.00	$141.65	$23.36	$182.30	$7.73	$89.86	$0.00	$551.90
Benefit Package 019	1,606	$637.65	$105.85	$105.23	$22.11	$188.82	$7.81	$75.46	$0.00	$505.28
Benefit Package 020	90	$773.51	$168.73	$141.08	$35.15	$209.38	$184.47	$126.71	$0.00	$863.36
Benefit Package 021	88	$601.35	$82.91	$45.76	$12.02	$121.37	$92.46	$24.81	$0.00	$377.78
Benefit Package 022	560	$904.79	$196.26	$99.49	$25.88	$234.68	$170.11	$98.10	$0.00	$824.51
Benefit Package 024	55	$744.03	$50.71	$44.43	$22.09	$118.11	$61.47	$26.06	$0.00	$322.86
Benefit Package 025	810	$598.58	$118.57	$82.64	$15.78	$125.66	$7.02	$20.29	$0.00	$369.96
Benefit Package 027	144	$894.68	$117.40	$51.74	$43.87	$48.32	$355.61	$81.10	$0.00	$698.03
Benefit Package 029	536	$913.42	$190.62	$86.30	$46.04	$72.77	$411.33	$80.48	$0.00	$887.53
Benefit Package 030	625	$961.05	$261.67	$50.99	$26.70	$80.23	$384.70	$83.24	$0.00	$887.53
Benefit Package 031	912	$883.23	$160.86	$46.54	$26.37	$57.65	$341.88	$73.58	$0.00	$706.89
Benefit Package 032	330	$926.17	$174.28	$39.89	$20.33	$73.23	$359.09	$71.55	$0.00	$738.37
Benefit Package 033	271	$802.03	$163.91	$45.75	$50.52	$48.19	$354.12	$86.15	$0.00	$748.65
Benefit Package 034	118	$842.14	$242.64	$104.83	$59.79	$79.17	$373.31	$51.91	$0.00	$911.65
Benefit Package 038	138	$970.06	$187.07	$64.63	$36.13	$75.56	$462.98	$70.80	$0.00	$897.16
Benefit Package 039	224	$851.92	$147.34	$53.70	$36.11	$67.49	$373.59	$102.96	$0.00	$781.19
Benefit Package 040	101	$977.69	$232.07	$113.25	$25.15	$379.85	$9.37	$174.97	$0.00	$934.65
Benefit Package 043	24	$861.66	$270.88	$16.16	$2.64	$255.45	$15.20	$238.23	$0.00	$798.57

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 044	505	$773.80	$153.57	$232.00	$15.04	$290.56	$10.62	$213.17	$0.00	$914.96
Benefit Package 045	103	$856.65	$289.64	$91.16	$25.81	$246.96	$8.97	$161.98	$0.00	$824.53
Benefit Package 046	90	$850.04	$108.29	$149.63	$24.48	$236.33	$2.41	$123.46	$0.00	$644.61
Benefit Package 047	17	$869.69	$54.72	$19.75	$3.00	$278.21	$0.97	$121.10	$0.00	$477.76
Benefit Package 048	22	$781.18	$56.59	$151.81	$7.75	$203.10	$0.81	$185.36	$0.00	$605.42
Benefit Package 049	32	$926.84	$54.39	$74.12	$7.57	$258.99	$129.21	$80.08	$0.00	$604.37
Benefit Package 050	57	$813.05	$62.15	$61.51	$7.59	$368.03	$136.98	$109.14	$0.00	$745.40
Benefit Package 051	8	$1,138.07	$0.00	$7.39	$4.15	$171.97	$21.01	$56.29	$0.00	$260.82
Benefit Package 052	3	$819.08	$0.00	$23.22	$0.00	$339.60	$637.19	$20.72	$0.00	$1,020.78
Benefit Package 053	4	$868.50	$628.58	$333.58	$0.00	$635.77	$109.31	$20.44	$0.00	$1,727.64
Benefit Package 056	79	$845.73	$53.67	$42.82	$31.52	$302.42	$47.83	$74.64	$0.00	$552.91
Benefit Package 057	16	$692.13	$133.47	$20.70	$15.80	$299.51	$63.23	$60.74	$0.00	$593.45
Benefit Package 058	37	$769.65	$158.22	$29.71	$0.88	$127.06	$26.61	$16.75	$0.00	$359.21
Benefit Package 059	143	$825.51	$192.12	$123.56	$8.57	$254.03	$186.92	$107.19	$0.00	$872.39
Benefit Package 060	122	$860.12	$123.48	$106.71	$5.86	$255.31	$119.24	$81.39	$0.00	$691.99
Benefit Package 061	51	$801.26	$0.00	$12.58	$2.76	$155.18	$38.56	$67.01	$0.00	$276.09
Benefit Package 062	62	$758.41	$0.00	$27.51	$2.96	$147.00	$39.00	$37.71	$0.00	$254.18
Benefit Package 063	1,021	$801.14	$119.86	$65.05	$11.00	$301.32	$86.26	$85.81	$0.00	$669.30
Benefit Package 064	196	$865.23	$82.02	$61.54	$10.28	$291.88	$102.39	$65.34	$0.00	$613.45
Benefit Package 065	1,226	$999.13	$207.37	$181.83	$35.95	$172.47	$111.48	$98.71	$0.00	$807.81
Benefit Package 066	797	$807.14	$90.97	$87.29	$27.96	$156.54	$116.70	$103.96	$0.00	$583.43
Benefit Package 067	1,233	$774.88	$112.34	$73.57	$14.44	$191.99	$112.98	$71.66	$0.00	$576.97
Benefit Package 068	526	$1,004.73	$118.65	$106.93	$31.86	$279.71	$172.90	$102.95	$0.00	$813.00
Benefit Package 069	1,103	$855.66	$168.59	$88.42	$18.15	$207.32	$131.02	$88.70	$0.00	$702.20
Benefit Package 070	504	$738.91	$338.25	$196.35	$37.47	$167.80	$78.77	$93.98	$0.00	$912.61
Benefit Package 071	4,465	$848.26	$118.03	$131.07	$28.22	$204.60	$121.98	$82.09	$0.00	$686.00
Benefit Package 072	3,520	$834.19	$142.13	$85.17	$22.65	$207.21	$119.55	$71.40	$0.00	$648.11
Benefit Package 073	622	$821.20	$197.97	$117.94	$26.75	$149.93	$87.13	$94.98	$0.00	$674.70
Benefit Package 074	2,773	$780.51	$111.81	$101.39	$13.58	$182.63	$92.42	$80.73	$0.00	$582.55
Benefit Package 075	1,444	$964.53	$201.49	$118.55	$30.90	$241.06	$147.61	$138.43	$0.00	$878.06
Benefit Package 076	2,936	$865.81	$144.94	$108.10	$29.20	$220.41	$137.21	$84.57	$0.00	$724.42
Benefit Package 077	248	$859.08	$104.62	$74.37	$21.75	$203.37	$121.96	$82.67	$0.00	$608.74

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 078	1	$947.84	$0.00	$49.24	$0.00	$935.27	$0.00	$2,459.34	$0.00	$3,443.84
Benefit Package 079	29,234	$816.10	$175.79	$195.07	$27.84	$266.98	$12.08	$172.16	$0.00	$849.92
Benefit Package 080	11,991	$815.92	$123.25	$155.36	$27.33	$207.83	$9.10	$132.92	$0.00	$655.79
Benefit Package 081	10,975	$943.70	$202.55	$227.33	$35.45	$341.34	$12.49	$198.74	$0.00	$1,017.90
Benefit Package 082	60	$740.87	$28.13	$61.08	$21.13	$307.16	$0.00	$154.21	$0.00	$571.72
Benefit Package 083	2	$743.73	$3,012.31	$88.62	$1.54	$949.39	$0.00	$229.42	$0.00	$4,281.28
Benefit Package 084	79	$664.62	$211.69	$88.88	$29.76	$336.32	$0.00	$163.77	$0.00	$830.42
Benefit Package 085	9	$702.25	$32.69	$36.32	$0.00	$260.43	$0.00	$398.02	$0.00	$727.45
Benefit Package 086	31	$468.53	$263.51	$132.23	$1.53	$301.68	$0.00	$66.17	$0.00	$765.13
Benefit Package 087	189	$754.44	$128.16	$98.39	$37.71	$357.81	$0.00	$154.29	$0.00	$776.36
Benefit Package 088	73	$906.14	$112.03	$42.81	$16.69	$253.54	$0.00	$159.52	$0.00	$584.59
Benefit Package 089	1,364	$692.17	$164.87	$136.85	$28.15	$258.43	$0.00	$105.91	$0.00	$694.20
Benefit Package 090	130	$811.86	$121.34	$35.64	$8.85	$279.12	$0.00	$209.89	$0.00	$654.83
Benefit Package 091	60	$500.66	$21.98	$1.25	$5.58	$88.74	$0.00	$5.62	$0.00	$123.18
Benefit Package 092	510	$815.25	$388.80	$102.60	$35.43	$426.38	$0.00	$161.19	$0.00	$1,114.40
Benefit Package 093	560	$784.98	$116.71	$194.47	$26.28	$310.07	$0.00	$179.37	$0.00	$826.91
Benefit Package 094	103	$610.81	$68.21	$50.83	$33.93	$181.32	$0.00	$116.67	$0.00	$450.97
Benefit Package 095	442	$650.08	$172.88	$130.18	$17.00	$253.01	$0.00	$103.48	$0.00	$676.54
Benefit Package 096	421	$640.12	$98.43	$79.93	$18.31	$204.64	$0.00	$113.60	$0.00	$514.91
Benefit Package 097	196	$735.42	$124.35	$89.89	$24.36	$358.38	$0.00	$89.60	$0.00	$686.58
Benefit Package 098	347	$435.79	$61.13	$73.02	$23.81	$263.02	$0.00	$90.98	$0.00	$511.94
Benefit Package 099	14	$421.35	$15.23	$0.00	$15.02	$56.99	$0.00	$5.30	$0.00	$92.53
Benefit Package 100	20	$467.94	$0.00	$11.16	$12.67	$68.87	$0.00	$4.05	$0.00	$96.76
Benefit Package 104	270	$539.75	$63.48	$70.18	$27.18	$144.75	$0.00	$104.51	$0.00	$410.11
Benefit Package 108	232	$901.81	$202.65	$115.35	$48.72	$363.09	$0.00	$202.56	$0.00	$932.37
Benefit Package 110	141	$725.90	$181.72	$88.21	$18.58	$309.73	$0.00	$97.34	$0.00	$695.58
Benefit Package 111	266	$676.48	$230.22	$147.91	$29.69	$316.06	$0.00	$88.30	$0.00	$812.18
Benefit Package 113	35	$690.82	$0.00	$309.47	$46.13	$206.26	$0.00	$185.20	$0.00	$747.05
Benefit Package 114	398	$811.31	$191.69	$89.12	$30.84	$346.87	$0.00	$146.65	$0.00	$805.17
Benefit Package 115	22	$742.87	$15.76	$1,205.22	$58.94	$425.40	$0.00	$322.29	$0.00	$2,027.61
Benefit Package 116	355	$825.86	$470.47	$286.84	$50.55	$386.90	$0.00	$193.03	$0.00	$1,387.78
Benefit Package 121	335	$828.49	$391.08	$206.66	$26.97	$448.32	$0.00	$142.62	$0.00	$1,215.66

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Calendar Year 2013

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 122	259	$697.26	$220.67	$94.94	$16.34	$333.30	$0.00	$117.98	$0.00	$783.23
Benefit Package 123	12	$604.75	$46.56	$85.21	$9.17	$169.76	$0.00	$12.58	$0.00	$323.30
Benefit Package 127	19	$595.14	$43.98	$21.73	$15.96	$213.32	$0.00	$246.82	$0.00	$541.82
Benefit Package 128	211	$773.27	$168.37	$278.00	$24.67	$293.29	$0.00	$129.48	$0.00	$893.81
Benefit Package 129	636	$758.15	$189.14	$126.36	$19.10	$287.22	$0.00	$128.93	$0.00	$750.75
Benefit Package 130	433	$755.16	$200.23	$123.54	$17.87	$298.12	$0.00	$91.95	$0.00	$731.71
Benefit Package 131	11	$679.59	$27.08	$156.45	$7.51	$215.41	$0.00	$24.57	$0.00	$431.02
Benefit Package 132	9	$494.47	$0.00	$36.92	$4.97	$81.10	$0.00	$1.65	$0.00	$124.64
Benefit Package 133	181	$634.47	$127.06	$127.47	$30.36	$288.39	$0.00	$159.16	$0.00	$732.44
Benefit Package 134	63	$519.69	$17.24	$66.42	$33.90	$133.30	$0.00	$26.77	$0.00	$277.63
Benefit Package 135	233	$502.32	$69.70	$113.28	$13.72	$135.70	$0.00	$87.62	$0.00	$420.03
Benefit Package 136	28	$447.45	$25.23	$241.80	$4.96	$184.56	$0.00	$48.76	$0.00	$505.30
Benefit Package 137	118	$585.50	$443.82	$101.38	$24.74	$203.36	$0.00	$26.44	$0.00	$799.75
Benefit Package 138	7	$638.45	$0.00	$0.00	$23.19	$69.22	$0.00	$12.66	$0.00	$105.07
Benefit Package 172	343	$913.58	$60.20	$176.83	$45.95	$167.35	$145.88	$169.69	$0.00	$765.91
Benefit Package 173	193	$820.45	$123.26	$132.22	$36.60	$178.24	$152.09	$200.07	$0.00	$822.48
Benefit Package 174	307	$956.66	$61.06	$99.34	$25.98	$97.16	$350.94	$69.14	$0.00	$703.61
Benefit Package 175	266	$864.00	$68.50	$30.07	$63.20	$21.30	$292.91	$68.38	$0.00	$544.36
Benefit Package 176	269	$1,008.51	$364.13	$39.65	$41.38	$84.05	$365.50	$105.53	$0.00	$1,000.24
Benefit Package 177	242	$879.60	$151.81	$41.29	$45.77	$48.87	$311.21	$93.54	$0.00	$692.48
Benefit Package 178	16	$721.58	$0.00	$0.00	$14.94	$72.78	$4.50	$0.38	$0.00	$92.63
Benefit Package 179	20	$706.29	$0.00	$11.85	$0.00	$83.70	$0.00	$41.94	$0.00	$137.49
Benefit Package 180	9	$1,407.14	$0.00	$0.58	$20.84	$156.21	$0.00	$67.18	$0.00	$244.81
Benefit Package 181	6	$871.03	$0.00	$0.75	$19.02	$206.55	$0.00	$37.13	$0.00	$263.45
Benefit Package 182	22,684	$947.58	$189.53	$225.07	$29.76	$259.67	$13.48	$197.67	$0.00	$915.17
Benefit Package 183	14,072	$904.14	$117.09	$154.22	$25.61	$190.08	$7.13	$141.21	$0.00	$635.34
Benefit Package 184	6,198	$1,123.73	$289.24	$269.76	$49.50	$364.21	$13.09	$239.40	$0.00	$1,225.20
Benefit Package 185	1	$1,093.91	$0.00	$191.05	$0.00	$65.74	$67.91	$61.96	$0.00	$386.66
Benefit Package 186	2	$266.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 187	53	$802.89	$0.00	$0.00	$5.09	$166.72	$0.00	$116.60	$0.00	$288.40
Benefit Package 188	845	$604.78	$136.45	$124.80	$13.81	$327.70	$0.00	$156.42	$0.00	$759.18
Benefit Package 189	724	$570.60	$118.56	$175.52	$13.48	$264.95	$0.00	$109.01	$0.00	$681.51

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K–12 School District Data Collection Project
Exhibit A9b
Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 190	150	$389.30	$31.30	$72.34	$7.60	$251.57	$0.00	$69.90	$0.00	$432.71
Benefit Package 191	6	$106.83	$0.00	$0.00	$0.00	$42.11	$0.00	$0.08	$0.00	$42.19
Benefit Package 192	190	$685.08	$0.00	$8.27	$5.12	$86.81	$0.00	$68.97	$0.00	$169.18
Benefit Package 193	12	$696.50	$1,328.15	$0.00	$0.00	$355.69	$0.00	$43.79	$0.00	$1,727.63
Benefit Package 194	265	$600.00	$16.56	$46.53	$6.73	$101.46	$0.00	$166.52	$0.00	$337.79
Benefit Package 195	36	$524.39	$180.67	$0.00	$0.00	$104.72	$0.00	$95.39	$0.00	$380.78
Benefit Package 196	25	$729.96	$0.00	$0.00	$0.00	$105.82	$0.00	$257.15	$0.00	$362.97
Benefit Package 197	314	$848.39	$0.00	$49.09	$8.23	$174.75	$0.00	$121.24	$0.00	$353.31
Benefit Package 198	18	$780.72	$0.00	$954.01	$0.00	$161.91	$0.00	$269.27	$0.00	$1,385.19
Benefit Package 199	262	$848.36	$0.00	$95.65	$44.14	$230.60	$0.00	$218.41	$0.00	$588.80
Benefit Package 200	249	$775.44	$61.36	$36.36	$13.93	$135.33	$0.00	$96.49	$0.00	$343.47
Benefit Package 201	199	$752.60	$23.90	$26.70	$43.44	$176.69	$0.00	$146.10	$0.00	$416.83
Benefit Package 202	115	$657.05	$0.00	$1.38	$4.54	$147.19	$0.00	$103.06	$0.00	$256.17
Benefit Package 203	164	$817.16	$105.80	$47.75	$71.45	$290.92	$0.00	$162.61	$0.00	$678.53
Benefit Package 204	97	$903.03	$0.00	$0.00	$23.78	$161.14	$0.00	$222.58	$0.00	$407.49
Benefit Package 205	1,288	$705.82	$35.55	$98.76	$13.96	$150.76	$0.00	$108.31	$0.00	$407.34
Benefit Package 206	408	$591.48	$46.25	$45.58	$10.72	$103.80	$0.00	$99.03	$0.00	$305.37
Benefit Package 207	86	$543.19	$0.00	$0.00	$0.00	$60.46	$0.00	$9.44	$0.00	$69.90
Benefit Package 208	37	$748.65	$0.00	$0.00	$19.69	$64.37	$0.00	$24.97	$0.00	$109.03
Benefit Package 209	311	$819.30	$123.25	$68.29	$22.64	$212.41	$0.00	$138.12	$0.00	$564.71
Benefit Package 210	130	$650.26	$0.00	$3.48	$0.00	$94.61	$0.00	$66.68	$0.00	$164.77
Benefit Package 211	110	$614.23	$19.45	$199.18	$0.00	$136.10	$0.00	$84.63	$0.00	$439.35
Benefit Package 212	52	$735.92	$123.92	$30.53	$46.50	$212.20	$0.00	$123.02	$0.00	$536.18
Benefit Package 213	42	$432.28	$12.31	$0.76	$0.00	$82.56	$0.00	$116.58	$0.00	$212.20
Benefit Package 214	16	$466.95	$0.00	$44.38	$0.00	$80.99	$0.00	$32.27	$0.00	$157.63
Benefit Package 215	392	$761.22	$111.33	$99.81	$40.51	$202.61	$0.00	$88.96	$0.00	$543.22
Benefit Package 216	357	$908.94	$206.15	$268.31	$38.90	$395.87	$0.00	$176.29	$0.00	$1,085.52
Benefit Package 217	472	$779.49	$35.26	$18.73	$20.20	$173.32	$0.00	$68.06	$0.00	$315.57
Benefit Package 228	6	$1,690.09	$0.00	$0.00	$0.00	$29.71	$0.00	$0.00	$0.00	$29.71
Benefit Package 229	15	$866.42	$0.00	$71.85	$0.00	$100.09	$0.00	$36.83	$0.00	$208.77
Benefit Package 230	3	$434.00	$0.00	$0.00	$0.00	$27.02	$0.00	$0.00	$0.00	$27.02
Benefit Package 231	46	$792.46	$0.00	$307.72	$0.00	$122.91	$0.00	$124.36	$0.00	$554.99

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9b
Experience Reports by Benefit Package — Claims Paid Per Employee Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Employees	Premiums PEPM	Claims Paid PEPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 232	71	$792.58	$167.23	$91.99	$5.80	$193.77	$0.00	$137.14	$0.00	$595.93
Benefit Package 233	94	$1,008.32	$27.73	$354.06	$29.95	$191.47	$0.00	$67.03	$0.00	$670.24
Benefit Package 234	292	$908.74	$3.63	$181.82	$34.23	$150.86	$0.00	$130.78	$0.00	$501.32
Benefit Package 235	156	$786.08	$0.00	$87.45	$13.58	$103.19	$0.00	$42.79	$0.00	$247.01
Benefit Package 236	76	$982.36	$0.00	$256.44	$15.86	$128.73	$0.00	$14.72	$0.00	$415.74
Benefit Package 237	55	$702.99	$0.00	$40.35	$0.00	$59.63	$0.00	$46.06	$0.00	$146.04
Benefit Package 238	8	$506.13	$0.00	$58.77	$27.80	$53.86	$0.00	$3.29	$0.00	$143.72
Benefit Package 239	172	$1,027.24	$39.85	$123.78	$13.23	$181.69	$0.00	$96.68	$0.00	$455.23
Benefit Package 240	191	$1,100.05	$36.31	$213.27	$11.63	$275.34	$0.00	$104.29	$0.00	$640.84
Low	**1**	**$106.83**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Average	**931**	**$814.27**	**$154.84**	**$152.87**	**$26.54**	**$237.59**	**$49.22**	**$129.88**	**$0.00**	**$750.94**
High	**29,234**	**$1,690.09**	**$3,012.31**	**$1,205.22**	**$71.45**	**$949.39**	**$888.10**	**$2,459.34**	**$0.00**	**$4,281.28**
Grand Total	**104,286**									

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K–12 School District Data Collection Project
Exhibit A9c
Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 003	272	$526.57	$149.13	$151.69	$29.11	$187.56	$0.00	$119.65	$0.00	$637.13
Benefit Package 004	152	$500.09	$36.45	$209.56	$23.71	$94.09	$0.00	$51.16	$0.00	$414.97
Benefit Package 005	146	$500.09	$139.93	$84.86	$27.93	$125.97	$0.00	$68.19	$0.00	$446.87
Benefit Package 006	24	$422.81	$0.00	$83.25	$2.10	$62.16	$0.00	$21.30	$0.00	$168.81
Benefit Package 007	19	$341.05	$0.00	$101.32	$18.11	$29.48	$0.00	$3.97	$0.00	$152.89
Benefit Package 008	1	$421.07	$0.00	$0.00	$0.00	$14.73	$27.43	$0.00	$0.00	$42.16
Benefit Package 009	105	$492.42	$160.48	$82.63	$13.95	$115.25	$473.56	$31.52	$0.00	$877.39
Benefit Package 010	409	$579.12	$87.04	$132.83	$21.64	$113.90	$151.40	$40.62	$0.00	$546.72
Benefit Package 011	240	$336.42	$2.63	$23.90	$5.87	$30.63	$24.96	$10.56	$0.00	$98.55
Benefit Package 012	304	$348.07	$40.52	$4.64	$6.26	$12.61	$183.67	$19.16	$0.00	$266.85
Benefit Package 013	428	$401.04	$61.51	$32.41	$11.39	$28.70	$164.02	$38.81	$0.00	$336.84
Benefit Package 014	357	$460.20	$67.32	$32.45	$9.49	$19.26	$194.60	$51.33	$0.00	$374.44
Benefit Package 016	262	$459.11	$49.70	$37.43	$17.81	$31.31	$197.55	$68.64	$0.00	$402.44
Benefit Package 017	17,590	$270.28	$44.01	$47.69	$8.06	$89.50	$3.24	$24.33	$0.00	$216.84
Benefit Package 018	8,890	$271.80	$42.91	$56.81	$9.37	$73.11	$3.10	$36.04	$0.00	$221.34
Benefit Package 019	3,885	$263.61	$43.76	$43.50	$9.14	$78.06	$3.23	$31.20	$0.00	$208.88
Benefit Package 020	125	$554.79	$121.02	$101.19	$25.21	$150.17	$132.31	$90.88	$0.00	$619.23
Benefit Package 021	127	$415.71	$57.32	$31.64	$8.31	$83.90	$63.92	$17.15	$0.00	$261.16
Benefit Package 022	1,208	$419.63	$91.02	$46.14	$12.00	$108.84	$78.90	$45.50	$0.00	$382.40
Benefit Package 024	113	$361.89	$24.66	$21.61	$10.74	$57.45	$29.90	$12.68	$0.00	$157.03
Benefit Package 025	2,249	$215.63	$42.71	$29.77	$5.69	$45.27	$2.53	$7.31	$0.00	$133.27
Benefit Package 027	262	$492.19	$64.59	$28.46	$24.13	$26.58	$195.63	$44.61	$0.00	$384.01
Benefit Package 029	1,191	$410.93	$85.76	$38.82	$20.71	$32.74	$185.05	$36.21	$0.00	$399.29
Benefit Package 030	1,288	$466.69	$127.07	$24.76	$12.96	$38.96	$186.81	$40.42	$0.00	$430.99
Benefit Package 031	1,766	$456.18	$83.08	$24.04	$13.62	$29.78	$176.58	$38.00	$0.00	$365.10
Benefit Package 032	739	$413.33	$77.78	$17.80	$9.07	$32.68	$160.25	$31.93	$0.00	$329.52
Benefit Package 033	457	$475.28	$97.14	$27.11	$29.94	$28.56	$209.85	$51.05	$0.00	$443.65
Benefit Package 034	216	$460.52	$132.69	$57.33	$32.70	$43.29	$204.14	$28.39	$0.00	$498.53
Benefit Package 038	312	$429.86	$82.89	$28.64	$16.01	$33.48	$205.16	$31.37	$0.00	$397.55
Benefit Package 039	449	$425.39	$73.57	$26.81	$18.03	$33.70	$186.55	$51.41	$0.00	$390.07
Benefit Package 040	135	$729.18	$173.08	$84.46	$18.75	$283.30	$6.99	$130.50	$0.00	$697.09
Benefit Package 043	28	$738.07	$232.03	$13.84	$2.26	$218.81	$13.02	$204.06	$0.00	$684.03

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Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 044	859	$454.69	$90.24	$136.32	$8.83	$170.73	$6.24	$125.26	$0.00	$537.63
Benefit Package 045	158	$556.31	$188.09	$59.20	$16.76	$160.38	$5.82	$105.19	$0.00	$535.45
Benefit Package 046	160	$476.73	$60.74	$83.92	$13.73	$132.54	$1.35	$69.24	$0.00	$361.52
Benefit Package 047	28	$534.24	$33.62	$12.13	$1.84	$170.90	$0.59	$74.39	$0.00	$293.48
Benefit Package 048	42	$409.26	$29.65	$79.53	$4.06	$106.41	$0.42	$97.11	$0.00	$317.18
Benefit Package 049	49	$594.81	$34.91	$47.57	$4.86	$166.21	$82.92	$51.39	$0.00	$387.86
Benefit Package 050	158	$291.66	$22.29	$22.07	$2.72	$132.02	$49.14	$39.15	$0.00	$267.40
Benefit Package 051	11	$825.32	$0.00	$5.36	$3.01	$124.71	$15.24	$40.82	$0.00	$189.15
Benefit Package 052	4	$614.31	$0.00	$17.42	$0.00	$254.70	$477.90	$15.54	$0.00	$765.58
Benefit Package 053	6	$579.00	$419.06	$222.39	$0.00	$423.84	$72.87	$13.63	$0.00	$1,151.76
Benefit Package 056	189	$354.50	$22.50	$17.95	$13.21	$126.77	$20.05	$31.29	$0.00	$231.76
Benefit Package 057	38	$285.35	$55.03	$8.54	$6.52	$123.48	$26.07	$25.04	$0.00	$244.67
Benefit Package 058	97	$292.09	$60.05	$11.27	$0.33	$48.22	$10.10	$6.36	$0.00	$136.33
Benefit Package 059	217	$542.63	$126.29	$81.22	$5.63	$166.98	$122.87	$70.46	$0.00	$573.45
Benefit Package 060	226	$462.72	$66.43	$57.41	$3.15	$137.35	$64.15	$43.79	$0.00	$372.28
Benefit Package 061	113	$363.24	$0.00	$5.70	$1.25	$70.35	$17.48	$30.38	$0.00	$125.16
Benefit Package 062	142	$329.43	$0.00	$11.95	$1.29	$63.85	$16.94	$16.38	$0.00	$110.41
Benefit Package 063	1,817	$450.21	$67.36	$36.56	$6.18	$169.33	$48.47	$48.22	$0.00	$376.12
Benefit Package 064	436	$388.34	$36.81	$27.62	$4.61	$131.00	$45.95	$29.33	$0.00	$275.33
Benefit Package 065	3,039	$403.06	$83.66	$73.35	$14.50	$69.58	$44.97	$39.82	$0.00	$325.88
Benefit Package 066	1,842	$349.17	$39.35	$37.76	$12.10	$67.72	$50.49	$44.97	$0.00	$252.39
Benefit Package 067	2,656	$359.79	$52.16	$34.16	$6.70	$89.14	$52.46	$33.27	$0.00	$267.90
Benefit Package 068	1,201	$439.66	$51.92	$46.79	$13.94	$122.40	$75.66	$45.05	$0.00	$355.76
Benefit Package 069	2,005	$470.72	$92.75	$48.64	$9.98	$114.05	$72.08	$48.80	$0.00	$386.30
Benefit Package 070	723	$515.00	$235.75	$136.85	$26.12	$116.95	$54.90	$65.50	$0.00	$636.06
Benefit Package 071	8,606	$440.13	$61.24	$68.01	$14.64	$106.16	$63.29	$42.60	$0.00	$355.94
Benefit Package 072	6,559	$447.73	$76.28	$45.71	$12.16	$111.22	$64.17	$38.32	$0.00	$347.85
Benefit Package 073	1,490	$342.61	$82.60	$49.20	$11.16	$62.55	$36.35	$39.63	$0.00	$281.49
Benefit Package 074	5,027	$430.49	$61.67	$55.92	$7.49	$100.73	$50.97	$44.53	$0.00	$321.30
Benefit Package 075	2,916	$477.58	$99.77	$58.70	$15.30	$119.36	$73.09	$68.54	$0.00	$434.76
Benefit Package 076	5,604	$453.59	$75.93	$56.63	$15.30	$115.47	$71.88	$44.31	$0.00	$379.51
Benefit Package 077	460	$463.01	$56.39	$40.08	$11.72	$109.61	$65.73	$44.56	$0.00	$328.09

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Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 078	1	$947.84	$0.00	$49.24	$0.00	$935.27	$0.00	$2,459.34	$0.00	$3,443.84
Benefit Package 079	49,437	$482.59	$103.95	$115.35	$16.46	$157.87	$7.15	$101.81	$0.00	$502.60
Benefit Package 080	25,702	$380.66	$57.50	$72.48	$12.75	$96.96	$4.25	$62.01	$0.00	$305.96
Benefit Package 081	18,171	$569.99	$122.34	$137.31	$21.41	$206.17	$7.54	$120.04	$0.00	$614.81
Benefit Package 082	82	$542.85	$20.61	$44.75	$15.49	$225.06	$0.00	$113.00	$0.00	$418.91
Benefit Package 083	4	$371.87	$1,506.15	$44.31	$0.77	$474.70	$0.00	$114.71	$0.00	$2,140.64
Benefit Package 084	180	$291.76	$92.93	$39.02	$13.06	$147.65	$0.00	$71.89	$0.00	$364.55
Benefit Package 085	12	$504.30	$23.48	$26.08	$0.00	$187.02	$0.00	$285.82	$0.00	$522.40
Benefit Package 086	90	$160.83	$90.45	$45.39	$0.52	$103.55	$0.00	$22.71	$0.00	$262.64
Benefit Package 087	271	$525.04	$89.19	$68.48	$26.25	$249.01	$0.00	$107.38	$0.00	$540.30
Benefit Package 088	94	$700.72	$86.63	$33.11	$12.90	$196.06	$0.00	$123.36	$0.00	$452.06
Benefit Package 089	2,867	$329.27	$78.43	$65.10	$13.39	$122.94	$0.00	$50.38	$0.00	$330.24
Benefit Package 090	175	$602.96	$90.12	$26.47	$6.57	$207.30	$0.00	$155.88	$0.00	$486.34
Benefit Package 091	141	$212.64	$9.34	$0.53	$2.37	$37.69	$0.00	$2.39	$0.00	$52.32
Benefit Package 092	703	$590.95	$281.83	$74.37	$25.68	$309.07	$0.00	$116.84	$0.00	$807.80
Benefit Package 093	922	$477.05	$70.93	$118.19	$15.97	$188.44	$0.00	$109.01	$0.00	$502.53
Benefit Package 094	257	$245.18	$27.38	$20.40	$13.62	$72.78	$0.00	$46.83	$0.00	$181.02
Benefit Package 095	839	$342.32	$91.04	$68.55	$8.95	$133.23	$0.00	$54.49	$0.00	$356.26
Benefit Package 096	657	$409.85	$63.02	$51.18	$11.72	$131.03	$0.00	$72.74	$0.00	$329.69
Benefit Package 097	268	$537.01	$90.80	$65.64	$17.79	$261.70	$0.00	$65.43	$0.00	$501.34
Benefit Package 098	827	$182.93	$25.66	$30.65	$9.99	$110.41	$0.00	$38.19	$0.00	$214.90
Benefit Package 099	36	$164.77	$5.96	$0.00	$5.87	$22.28	$0.00	$2.07	$0.00	$36.19
Benefit Package 100	57	$163.71	$0.00	$3.91	$4.43	$24.10	$0.00	$1.42	$0.00	$33.85
Benefit Package 104	686	$212.70	$25.02	$27.66	$10.71	$57.04	$0.00	$41.19	$0.00	$161.62
Benefit Package 108	341	$612.83	$137.71	$78.39	$33.10	$246.74	$0.00	$137.65	$0.00	$633.60
Benefit Package 110	198	$515.88	$129.14	$62.69	$13.20	$220.11	$0.00	$69.18	$0.00	$494.33
Benefit Package 111	382	$470.40	$160.09	$102.85	$20.65	$219.78	$0.00	$61.40	$0.00	$564.77
Benefit Package 113	42	$572.11	$0.00	$256.29	$38.20	$170.81	$0.00	$153.37	$0.00	$618.68
Benefit Package 114	632	$511.76	$120.91	$56.22	$19.45	$218.80	$0.00	$92.50	$0.00	$507.88
Benefit Package 115	27	$604.79	$12.83	$981.20	$47.98	$346.33	$0.00	$262.39	$0.00	$1,650.73
Benefit Package 116	545	$537.34	$306.10	$186.63	$32.89	$251.73	$0.00	$125.60	$0.00	$902.95
Benefit Package 121	513	$541.30	$255.51	$135.02	$17.62	$292.91	$0.00	$93.18	$0.00	$794.25

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K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 122	430	$419.42	$132.74	$57.11	$9.83	$200.49	$0.00	$70.97	$0.00	$471.14
Benefit Package 123	30	$249.25	$19.19	$35.12	$3.78	$69.97	$0.00	$5.19	$0.00	$133.25
Benefit Package 127	60	$191.15	$14.13	$6.98	$5.13	$68.52	$0.00	$79.28	$0.00	$174.03
Benefit Package 128	610	$267.69	$58.28	$96.23	$8.54	$101.53	$0.00	$44.82	$0.00	$309.41
Benefit Package 129	1,071	$449.98	$112.26	$75.00	$11.34	$170.47	$0.00	$76.53	$0.00	$445.59
Benefit Package 130	982	$332.79	$88.24	$54.44	$7.88	$131.38	$0.00	$40.52	$0.00	$322.46
Benefit Package 131	46	$157.39	$6.27	$36.23	$1.74	$49.89	$0.00	$5.69	$0.00	$99.82
Benefit Package 132	19	$232.54	$0.00	$17.36	$2.34	$38.14	$0.00	$0.78	$0.00	$58.62
Benefit Package 133	336	$342.29	$68.55	$68.77	$16.38	$155.59	$0.00	$85.87	$0.00	$395.15
Benefit Package 134	140	$232.82	$7.73	$29.75	$15.19	$59.72	$0.00	$11.99	$0.00	$124.38
Benefit Package 135	484	$241.98	$33.58	$54.57	$6.61	$65.37	$0.00	$42.21	$0.00	$202.34
Benefit Package 136	44	$288.38	$16.26	$155.84	$3.20	$118.95	$0.00	$31.42	$0.00	$325.67
Benefit Package 137	348	$199.15	$150.96	$34.48	$8.42	$69.17	$0.00	$8.99	$0.00	$272.02
Benefit Package 138	20	$215.95	$0.00	$0.00	$7.84	$23.41	$0.00	$4.28	$0.00	$35.54
Benefit Package 172	636	$493.18	$32.50	$95.46	$24.81	$90.34	$78.75	$91.60	$0.00	$413.46
Benefit Package 173	261	$605.71	$91.00	$97.62	$27.02	$131.59	$112.28	$147.70	$0.00	$607.21
Benefit Package 174	654	$448.68	$28.64	$46.59	$12.18	$45.57	$164.59	$32.43	$0.00	$330.00
Benefit Package 175	438	$525.31	$41.65	$18.28	$38.43	$12.95	$178.09	$41.57	$0.00	$330.97
Benefit Package 176	534	$508.03	$183.43	$19.97	$20.84	$42.34	$184.12	$53.16	$0.00	$503.86
Benefit Package 177	422	$505.51	$87.25	$23.73	$26.30	$28.08	$178.85	$53.76	$0.00	$397.97
Benefit Package 178	49	$235.62	$0.00	$0.00	$4.88	$23.77	$1.47	$0.12	$0.00	$30.24
Benefit Package 179	26	$540.11	$0.00	$9.06	$0.00	$64.01	$0.00	$32.07	$0.00	$105.14
Benefit Package 180	13	$962.78	$0.00	$0.39	$14.26	$106.88	$0.00	$45.97	$0.00	$167.50
Benefit Package 181	8	$661.98	$0.00	$0.57	$14.46	$156.98	$0.00	$28.22	$0.00	$200.23
Benefit Package 182	38,067	$564.66	$112.94	$134.12	$17.73	$154.73	$8.03	$117.79	$0.00	$545.34
Benefit Package 183	27,038	$470.56	$60.94	$80.26	$13.33	$98.93	$3.71	$73.49	$0.00	$330.67
Benefit Package 184	10,566	$659.18	$169.67	$158.24	$29.04	$213.64	$7.68	$140.43	$0.00	$718.70
Benefit Package 185	4	$284.42	$0.00	$49.67	$0.00	$17.09	$17.66	$16.11	$0.00	$100.53
Benefit Package 186	2	$266.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Benefit Package 187	129	$331.15	$0.00	$0.00	$2.10	$68.76	$0.00	$48.09	$0.00	$118.95
Benefit Package 188	1,076	$474.94	$107.16	$98.01	$10.84	$257.35	$0.00	$122.84	$0.00	$596.19
Benefit Package 189	1,654	$249.72	$51.89	$76.81	$5.90	$115.95	$0.00	$47.71	$0.00	$298.26

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K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 190	447	$130.71	$10.51	$24.29	$2.55	$84.47	$0.00	$23.47	$0.00	$145.29
Benefit Package 191	17	$38.71	$0.00	$0.00	$0.00	$15.26	$0.00	$0.03	$0.00	$15.28
Benefit Package 192	554	$235.17	$0.00	$2.84	$1.76	$29.80	$0.00	$23.68	$0.00	$58.07
Benefit Package 193	33	$246.46	$469.96	$0.00	$0.00	$125.86	$0.00	$15.49	$0.00	$611.31
Benefit Package 194	564	$281.63	$7.77	$21.84	$3.16	$47.62	$0.00	$78.16	$0.00	$158.55
Benefit Package 195	57	$331.19	$114.11	$0.00	$0.00	$66.14	$0.00	$60.25	$0.00	$240.49
Benefit Package 196	25	$729.96	$0.00	$0.00	$0.00	$105.82	$0.00	$257.15	$0.00	$362.97
Benefit Package 197	416	$640.12	$0.00	$37.04	$6.21	$131.85	$0.00	$91.48	$0.00	$266.58
Benefit Package 198	19	$739.63	$0.00	$903.80	$0.00	$153.39	$0.00	$255.10	$0.00	$1,312.28
Benefit Package 199	323	$686.83	$0.00	$77.44	$35.74	$186.70	$0.00	$176.82	$0.00	$476.69
Benefit Package 200	409	$471.14	$37.28	$22.09	$8.46	$82.23	$0.00	$58.63	$0.00	$208.69
Benefit Package 201	350	$428.52	$13.61	$15.20	$24.73	$100.61	$0.00	$83.19	$0.00	$237.33
Benefit Package 202	266	$282.83	$0.00	$0.59	$1.96	$63.36	$0.00	$44.36	$0.00	$110.27
Benefit Package 203	234	$572.71	$74.15	$33.46	$50.08	$203.89	$0.00	$113.97	$0.00	$475.55
Benefit Package 204	139	$630.17	$0.00	$0.00	$16.59	$112.45	$0.00	$155.32	$0.00	$284.37
Benefit Package 205	2,440	$372.58	$18.77	$52.13	$7.37	$79.58	$0.00	$57.17	$0.00	$215.02
Benefit Package 206	1,055	$228.46	$17.86	$17.61	$4.14	$40.09	$0.00	$38.25	$0.00	$117.95
Benefit Package 207	196	$238.95	$0.00	$0.00	$0.00	$26.60	$0.00	$4.15	$0.00	$30.75
Benefit Package 208	80	$343.72	$0.00	$0.00	$9.04	$29.55	$0.00	$11.46	$0.00	$50.06
Benefit Package 209	402	$633.61	$95.32	$52.81	$17.51	$164.26	$0.00	$106.82	$0.00	$436.72
Benefit Package 210	218	$386.28	$0.00	$2.07	$0.00	$56.20	$0.00	$39.61	$0.00	$97.88
Benefit Package 211	145	$465.45	$14.74	$150.94	$0.00	$103.13	$0.00	$64.13	$0.00	$332.93
Benefit Package 212	66	$578.62	$97.43	$24.01	$36.56	$166.84	$0.00	$96.73	$0.00	$421.57
Benefit Package 213	89	$202.71	$5.77	$0.35	$0.00	$38.71	$0.00	$54.67	$0.00	$99.51
Benefit Package 214	44	$169.80	$0.00	$16.14	$0.00	$29.45	$0.00	$11.73	$0.00	$57.32
Benefit Package 215	968	$308.03	$45.05	$40.39	$16.39	$81.99	$0.00	$36.00	$0.00	$219.82
Benefit Package 216	625	$518.88	$117.68	$153.17	$22.21	$225.98	$0.00	$100.64	$0.00	$619.68
Benefit Package 217	862	$426.61	$19.30	$10.25	$11.06	$94.86	$0.00	$37.25	$0.00	$172.71
Benefit Package 228	19	$502.46	$0.00	$0.00	$0.00	$8.83	$0.00	$0.00	$0.00	$8.83
Benefit Package 229	35	$371.32	$0.00	$30.79	$0.00	$42.90	$0.00	$15.79	$0.00	$89.47
Benefit Package 230	3	$434.00	$0.00	$0.00	$0.00	$27.02	$0.00	$0.00	$0.00	$27.02
Benefit Package 231	76	$479.64	$0.00	$186.25	$0.00	$74.39	$0.00	$75.27	$0.00	$335.91

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9c
Experience Reports by Benefit Package — Claims Paid Per Member Per Month
Calendar Year 2013

Benefit Package	Monthly Avg. Members	Premiums PMPM	Claims Paid PMPM							
			Inpatient	Outpatient	ER	Prof Svcs	Other	Pharmacy	Capitation	Total
Benefit Package 232	99	$569.17	$120.09	$66.06	$4.16	$139.15	$0.00	$98.48	$0.00	$427.95
Benefit Package 233	149	$634.70	$17.45	$222.87	$18.85	$120.52	$0.00	$42.20	$0.00	$421.89
Benefit Package 234	537	$494.14	$1.97	$98.87	$18.61	$82.03	$0.00	$71.11	$0.00	$272.60
Benefit Package 235	339	$362.27	$0.00	$40.30	$6.26	$47.56	$0.00	$19.72	$0.00	$113.84
Benefit Package 236	189	$396.07	$0.00	$103.39	$6.39	$51.90	$0.00	$5.93	$0.00	$167.62
Benefit Package 237	119	$326.28	$0.00	$18.73	$0.00	$27.68	$0.00	$21.38	$0.00	$67.78
Benefit Package 238	12	$316.33	$0.00	$36.73	$17.38	$33.66	$0.00	$2.06	$0.00	$89.83
Benefit Package 239	267	$662.57	$25.70	$79.84	$8.53	$117.19	$0.00	$62.36	$0.00	$293.62
Benefit Package 240	318	$662.57	$21.87	$128.45	$7.01	$165.84	$0.00	$62.81	$0.00	$385.98
Low	**1**	**$38.71**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Average	**1,747**	**$423.32**	**$80.50**	**$79.47**	**$13.80**	**$123.52**	**$25.59**	**$67.52**	**$0.00**	**$390.40**
High	**49,437**	**$962.78**	**$1,506.15**	**$981.20**	**$50.08**	**$935.27**	**$477.90**	**$2,459.34**	**$0.00**	**$3,443.84**
Grand Total	**200,597**									

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9d
Experience Reports by Benefit Package — Utilization
Plan Year Ending in 2013

			Utilization									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 003	161	272	n/a	20	56	1,192	48	2,814	4,208	1,166	0	0
Benefit Package 004	79	152	n/a	5	3	421	31	998	998	357	0	0
Benefit Package 005	75	146	n/a	10	23	440	37	1,064	1,614	472	0	0
Benefit Package 006	10	24	n/a	0	0	43	1	72	94	13	0	0
Benefit Package 007	7	19	n/a	0	0	24	2	98	68	20	0	0
Benefit Package 008	2	2	n/a	0	0	0	0	3	1	0	0	0
Benefit Package 009	56	106	n/a	6	43	104	14	426	1,085	163	459	0
Benefit Package 010	257	409	n/a	18	74	323	81	2,313	5,653	672	2,255	0
Benefit Package 011	92	239	n/a	4	5	52	29	686	1,122	132	273	0
Benefit Package 012	123	235	n/a	8	14	21	18	1,063	1,616	113	781	0
Benefit Package 013	131	349	n/a	27	98	96	36	1,673	1,540	208	1,127	0
Benefit Package 014	226	324	n/a	15	32	61	21	1,608	3,043	316	1,458	0
Benefit Package 016	154	260	n/a	6	15	80	31	1,501	2,441	320	1,201	0
Benefit Package 017	6,631	16,187	n/a	577	2,471	10,838	1,720	270,796	100,545	10,374	0	0
Benefit Package 018	3,295	8,305	n/a	317	1,265	5,868	954	121,223	58,060	8,896	0	0
Benefit Package 019	1,539	3,754	n/a	161	446	2,416	475	54,772	24,129	2,506	0	0
Benefit Package 020	109	152	n/a	10	26	157	43	1,091	2,418	533	1,113	0
Benefit Package 021	108	158	n/a	6	25	86	10	779	1,962	198	678	0
Benefit Package 022	516	1,129	n/a	77	394	2,748	191	13,680	10,585	1,850	4,978	0
Benefit Package 024	26	64	n/a	4	7	10	10	267	369	28	140	0
Benefit Package 025	699	1,966	n/a	60	211	852	147	20,429	6,218	1,037	0	0
Benefit Package 027	131	238	n/a	10	21	36	16	1,231	1,772	177	889	0
Benefit Package 029	487	1,083	n/a	66	270	330	156	5,769	6,949	913	4,233	0
Benefit Package 030	515	1,056	n/a	63	230	157	89	6,171	7,109	1,105	4,324	0
Benefit Package 031	845	1,647	n/a	94	280	232	157	8,039	10,615	1,455	6,303	0
Benefit Package 032	300	672	n/a	31	100	113	48	3,154	3,779	459	2,482	0
Benefit Package 033	246	415	n/a	19	96	50	43	2,277	2,926	366	1,707	0
Benefit Package 034	107	196	n/a	16	58	61	24	1,079	1,545	217	848	0
Benefit Package 038	126	284	n/a	16	35	80	37	1,545	1,759	261	1,122	0
Benefit Package 039	102	154	n/a	7	18	26	12	893	1,333	239	750	0
Benefit Package 039	121	283	n/a	19	64	59	33	1,514	1,980	280	1,169	0
Benefit Package 040	110	146	n/a	25	128	101	28	5,551	2,989	917	0	0
Benefit Package 043	24	28	n/a	4	10	7	3	1,009	619	175	0	0
Benefit Package 044	505	859	n/a	44	380	494	102	24,630	11,720	3,605	0	0
Benefit Package 045	103	158	n/a	16	50	78	29	4,147	2,295	684	0	0
Benefit Package 046	91	166	n/a	8	45	86	21	3,307	1,518	502	0	0
Benefit Package 047	17	28	n/a	1	2	12	2	1,096	372	88	0	0
Benefit Package 048	26	49	n/a	4	6	20	3	921	359	95	0	0
Benefit Package 049	33	53	n/a	3	8	25	9	284	687	182	341	0
Benefit Package 050	56	162	n/a	3	16	54	32	440	1,528	190	535	0
Benefit Package 051	9	12	n/a	0	0	9	3	28	244	66	60	0
Benefit Package 052	3	4	n/a	0	0	5	1	38	64	21	39	0
Benefit Package 053	4	6	n/a	1	2	23	0	42	112	22	26	0
Benefit Package 056	79	191	n/a	2	3	108	73	684	2,397	459	861	0
Benefit Package 057	16	40	n/a	0	0	21	10	123	222	64	90	0
Benefit Package 058	36	94	n/a	2	6	5	3	197	693	89	175	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9d
Experience Reports by Benefit Package — Utilization
Plan Year Ending in 2013

			Utilization									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 059	106	152	n/a	13	52	208	57	902	2,687	645	566	0
Benefit Package 060	72	142	n/a	7	21	181	74	577	1,758	375	482	0
Benefit Package 061	44	104	n/a	0	0	15	13	261	1,060	284	353	0
Benefit Package 062	20	47	n/a	0	0	16	18	144	277	109	132	0
Benefit Package 063	876	1,630	n/a	48	133	1,235	320	4,833	15,561	2,936	8,301	0
Benefit Package 064	196	436	n/a	11	18	276	50	944	3,285	746	1,575	0
Benefit Package 065	1,226	3,039	n/a	154	507	4,160	367	17,620	21,421	3,538	18,941	0
Benefit Package 066	797	1,842	n/a	98	303	654	242	12,100	6,272	2,797	2,886	0
Benefit Package 067	1,206	2,604	n/a	133	554	1,230	146	15,101	5,756	2,698	1,795	0
Benefit Package 068	526	1,201	n/a	62	175	804	110	8,081	5,928	1,620	1,277	0
Benefit Package 069	1,093	2,005	n/a	144	591	1,437	139	13,640	8,494	2,404	1,989	0
Benefit Package 070	504	723	n/a	67	279	906	195	6,489	2,759	1,628	1,070	0
Benefit Package 071	4,512	8,770	n/a	516	1,818	6,794	953	59,806	28,869	12,315	7,497	0
Benefit Package 072	3,621	6,844	n/a	364	1,510	4,052	473	43,183	30,169	8,974	5,831	0
Benefit Package 073	622	1,490	n/a	85	312	536	206	7,824	3,210	1,635	1,116	0
Benefit Package 074	2,741	5,053	n/a	234	806	5,472	329	31,798	28,600	7,388	4,945	0
Benefit Package 075	1,444	2,916	n/a	203	832	800	348	24,104	16,358	6,651	3,266	0
Benefit Package 076	2,984	5,717	n/a	365	1,637	3,170	633	44,584	23,244	9,028	5,732	0
Benefit Package 077	266	497	n/a	22	75	169	35	3,278	2,353	566	296	0
Benefit Package 078	1	1	n/a	0	0	1	0	27	13	5	0	0
Benefit Package 079	29,234	49,437	n/a	2,986	13,320	61,311	7,259	1,248,464	566,890	168,128	0	0
Benefit Package 080	11,991	25,702	n/a	1,083	4,473	22,716	3,213	463,980	187,829	52,228	0	0
Benefit Package 081	10,975	18,171	n/a	1,355	6,209	23,866	3,153	558,409	231,105	69,152	0	0
Benefit Package 082	64	87	n/a	5	15	38	2	1,963	1,215	273	0	0
Benefit Package 083	2	4	n/a	3	16	2	0	146	157	25	0	0
Benefit Package 084	79	180	n/a	17	28	36	5	2,191	1,351	256	0	0
Benefit Package 085	10	14	n/a	1	2	1	0	155	217	77	0	0
Benefit Package 086	29	86	n/a	7	14	7	0	776	398	90	0	0
Benefit Package 087	189	271	n/a	16	35	48	9	5,745	4,109	855	0	0
Benefit Package 088	73	94	n/a	4	10	10	2	1,500	1,853	459	0	0
Benefit Package 089	1,364	2,867	n/a	132	427	301	75	37,519	29,869	5,149	0	0
Benefit Package 090	130	175	n/a	14	31	25	5	3,624	3,027	532	0	0
Benefit Package 091	60	141	n/a	3	6	5	2	1,179	495	70	0	0
Benefit Package 092	580	800	n/a	86	656	261	27	21,462	13,998	2,705	0	0
Benefit Package 093	594	975	n/a	44	101	207	37	18,476	13,918	3,044	0	0
Benefit Package 094	103	257	n/a	12	68	36	10	2,775	2,144	454	0	0
Benefit Package 095	442	839	n/a	39	170	135	22	10,822	8,684	1,398	0	0
Benefit Package 096	421	657	n/a	32	88	161	28	8,891	7,600	1,578	0	0
Benefit Package 097	211	291	n/a	19	42	68	6	5,822	4,861	738	0	0
Benefit Package 098	346	825	n/a	27	73	129	11	8,875	6,843	1,269	0	0
Benefit Package 099	14	36	n/a	2	2	7	0	155	70	19	0	0
Benefit Package 100	19	52	n/a	0	0	9	0	208	125	21	0	0
Benefit Package 104	270	686	n/a	14	34	71	14	5,901	5,329	891	0	0
Benefit Package 108	232	341	n/a	19	63	129	10	9,464	5,217	1,418	0	0
Benefit Package 110	141	198	n/a	17	45	46	7	4,417	3,054	532	0	0
Benefit Package 111	266	382	n/a	18	169	104	11	5,837	4,400	914	0	0

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9d
Experience Reports by Benefit Package — Utilization
Plan Year Ending in 2013

			Utilization									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 113	35	42	n/a	0	0	23	1	915	791	235	0	0
Benefit Package 114	398	632	n/a	44	110	126	18	15,510	8,625	1,931	0	0
Benefit Package 115	22	27	n/a	0	0	27	0	951	495	94	0	0
Benefit Package 116	355	545	n/a	33	177	188	10	13,705	8,634	1,624	0	0
Benefit Package 121	335	513	n/a	57	200	150	16	12,865	6,589	1,176	0	0
Benefit Package 122	259	430	n/a	29	85	90	9	8,315	4,456	814	0	0
Benefit Package 123	12	30	n/a	1	2	5	0	332	136	20	0	0
Benefit Package 127	19	60	n/a	4	4	14	2	722	314	75	0	0
Benefit Package 128	211	610	n/a	24	166	157	20	7,424	4,120	867	0	0
Benefit Package 129	636	1,071	n/a	62	361	315	43	17,579	10,282	2,353	0	0
Benefit Package 130	433	982	n/a	74	160	206	37	12,643	6,586	1,294	0	0
Benefit Package 131	9	39	n/a	1	1	2	0	207	112	21	0	0
Benefit Package 132	9	19	n/a	0	0	5	0	317	106	6	0	0
Benefit Package 133	181	336	n/a	13	37	89	11	4,749	3,413	662	0	0
Benefit Package 134	63	140	n/a	4	4	28	2	1,167	851	80	0	0
Benefit Package 135	233	484	n/a	13	220	46	6	4,719	3,462	673	0	0
Benefit Package 136	28	44	n/a	1	4	6	0	415	470	61	0	0
Benefit Package 137	118	348	n/a	16	52	36	2	3,714	1,514	258	0	0
Benefit Package 138	7	20	n/a	0	0	1	0	96	102	14	0	0
Benefit Package 173	195	268	n/a	11	65	134	53	1,358	3,184	968	0	0
Benefit Package 180	10	14	n/a	0	0	0	0	336	150	29	0	0
Benefit Package 181	7	9	n/a	0	0	0	0	180	125	25	0	0
Benefit Package 185	1	4	n/a	0	0	1	0	9	42	7	11	0
Benefit Package 186	2	2	n/a	0	0	0	0	15	0	0	0	0
Benefit Package 188	845	1,076	n/a	68	237	302	27	23,560	17,963	3,922	0	0
Benefit Package 189	724	1,654	n/a	71	271	311	38	22,534	16,204	2,875	0	0
Benefit Package 190	150	447	n/a	11	18	48	8	4,691	3,252	406	0	0
Benefit Package 191	6	17	n/a	0	0	0	0	114	29	8	0	0
Grand Total	**104,381**	**200,916**	**n/a**	**10,801**	**44,926**	**172,175**	**23,753**	**3,454,716**	**1,708,197**	**441,119**	**108,479**	**0**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9e
Experience Reports by Benefit Package — Utilization Per Unit Measure
Plan Year Ending in 2013

			Utilization per 1,000 Members									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 003	161	272	2.8	73.439	205.630	4,376.989	176.255	10,332.925	15,452.509	4,282.619	0.000	0.000
Benefit Package 004	79	152	0.6	32.715	19.629	2,774.264	202.835	6,575.791	6,574.918	2,352.890	0.000	0.000
Benefit Package 005	75	146	2.3	68.027	156.463	3,011.844	251.701	7,289.340	11,057.191	3,235.195	0.000	0.000
Benefit Package 006	10	24	0.0	0.000	0.000	1,789.474	52.632	3,000.000	3,929.825	547.368	0.000	0.000
Benefit Package 007	7	19	0.0	0.000	0.000	1,276.596	85.106	5,148.936	3,564.539	1,065.248	0.000	0.000
Benefit Package 008	2	2	0.0	0.000	0.000	0.000	0.000	2,000.000	666.667	0.000	0.000	0.000
Benefit Package 009	56	106	7.2	56.206	402.810	974.239	131.148	4,009.368	10,210.773	1,536.300	4,318.501	0.000
Benefit Package 010	257	409	4.1	43.796	180.049	790.754	197.080	5,656.934	13,824.818	1,642.336	5,515.815	0.000
Benefit Package 011	92	239	1.3	16.777	20.972	218.106	121.636	2,873.121	4,701.852	553.653	1,145.054	0.000
Benefit Package 012	123	235	1.7	35.019	58.366	89.494	77.821	4,517.510	6,867.704	478.599	3,319.066	0.000
Benefit Package 013	131	349	3.7	76.333	281.641	273.744	102.654	4,787.892	4,408.862	594.867	3,227.023	0.000
Benefit Package 014	226	324	2.2	45.725	100.024	188.616	65.730	4,961.181	9,390.807	974.518	4,498.214	0.000
Benefit Package 016	154	260	2.3	24.699	56.454	306.969	119.965	5,779.477	9,399.588	1,231.403	4,622.170	0.000
Benefit Package 017	6,631	16,187	4.3	35.630	152.660	669.510	106.260	16,728.810	6,211.320	640.880	0.000	0.000
Benefit Package 018	3,295	8,305	4.0	38.120	152.350	706.560	114.840	14,596.680	6,991.100	1,071.180	0.000	0.000
Benefit Package 019	1,539	3,754	2.8	42.980	118.720	643.580	126.510	14,592.320	6,428.370	667.610	0.000	0.000
Benefit Package 020	109	152	2.6	66.381	172.592	1,035.551	285.440	7,182.475	15,918.277	3,511.580	7,328.515	0.000
Benefit Package 021	108	158	4.2	38.278	159.490	548.644	63.796	4,944.179	12,452.951	1,256.778	4,306.220	0.000
Benefit Package 022	516	1,129	5.1	67.777	348.684	2,434.265	169.472	12,118.555	9,376.906	1,638.897	4,409.558	0.000
Benefit Package 024	26	64	2.0	56.831	113.662	156.285	156.285	4,148.646	5,739.908	440.438	2,173.777	0.000
Benefit Package 025	699	1,966	3.5	30.370	107.340	433.550	74.880	10,392.530	3,163.090	527.620	0.000	0.000
Benefit Package 027	131	238	2.1	42.159	88.151	149.473	68.988	5,162.568	7,431.492	743.532	3,729.160	0.000
Benefit Package 029	487	1,083	4.1	61.159	248.885	304.948	144.404	5,327.670	6,416.649	842.642	3,909.110	0.000
Benefit Package 030	515	1,056	3.7	59.259	217.865	149.020	84.532	5,843.137	6,731.155	1,045.752	4,094.118	0.000
Benefit Package 031	845	1,647	3.0	57.055	170.046	140.959	95.092	4,882.114	6,446.651	883.792	3,828.276	0.000
Benefit Package 032	300	672	3.2	46.682	148.284	167.506	71.396	4,694.279	5,625.172	683.753	3,694.737	0.000
Benefit Package 033	246	415	5.0	46.580	230.684	119.778	104.251	5,483.179	7,046.950	880.591	4,110.166	0.000
Benefit Package 034	107	196	3.5	84.145	294.507	313.206	121.543	5,506.817	7,881.574	1,107.908	4,324.114	0.000
Benefit Package 038	126	284	2.2	55.225	123.443	282.620	129.940	5,444.505	6,198.159	919.329	3,953.438	0.000
Benefit Package 039	102	154	2.6	44.848	115.323	166.578	76.882	5,798.185	8,655.633	1,550.454	4,869.194	0.000
Benefit Package 039	121	283	3.3	68.571	225.306	208.980	117.551	5,358.367	7,007.347	989.388	4,137.143	0.000
Benefit Package 040	110	146	5.2	169.300	873.590	690.740	189.620	37,916.480	20,418.510	6,260.500	0.000	0.000
Benefit Package 043	24	28	2.3	156.350	351.790	234.530	117.260	36,195.440	22,200.650	6,290.550	0.000	0.000
Benefit Package 044	505	859	8.6	51.220	442.370	575.090	118.740	28,672.880	13,643.970	4,196.970	0.000	0.000
Benefit Package 045	103	158	3.2	100.050	318.920	494.010	181.340	26,194.890	14,496.510	4,318.500	0.000	0.000
Benefit Package 046	91	166	5.6	47.780	268.790	519.660	125.440	19,944.250	9,153.210	3,024.990	0.000	0.000
Benefit Package 047	17	28	2.0	34.880	69.770	418.600	69.770	39,139.530	13,279.070	3,146.510	0.000	0.000
Benefit Package 048	26	49	1.5	80.670	121.010	403.360	60.500	18,796.640	7,329.080	1,947.560	0.000	0.000
Benefit Package 049	33	53	2.7	55.728	148.607	464.396	167.183	5,312.693	12,854.489	3,399.381	6,371.517	0.000
Benefit Package 050	56	162	5.3	18.452	98.411	332.137	196.822	2,718.606	9,441.312	1,174.782	3,302.922	0.000
Benefit Package 051	9	12	0.0	0.000	0.000	755.245	251.748	2,349.650	20,559.441	5,538.462	5,034.965	0.000
Benefit Package 052	3	4	0.0	0.000	0.000	1,250.000	250.000	9,500.000	16,000.000	5,250.000	9,750.000	0.000
Benefit Package 053	4	6	2.0	166.667	333.333	3,833.333	0.000	7,000.000	18,666.667	3,666.667	4,333.333	0.000
Benefit Package 056	79	191	1.5	10.453	15.679	564.460	381.533	3,574.913	12,533.101	2,398.955	4,505.226	0.000
Benefit Package 057	16	40	0.0	0.000	0.000	526.096	250.522	3,106.472	5,586.639	1,603.340	2,279.749	0.000
Benefit Package 058	36	94	3.0	20.924	62.772	52.310	31.386	2,092.415	7,365.301	941.587	1,862.249	0.000

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9e
Experience Reports by Benefit Package — Utilization Per Unit Measure
Plan Year Ending in 2013

			Utilization per 1,000 Members									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 059	106	152	4.0	85.386	341.544	1,366.174	374.384	5,931.034	17,674.877	4,243.021	3,724.384	0.000
Benefit Package 060	72	142	3.0	48.696	146.087	1,273.043	521.739	4,055.652	12,361.739	2,636.522	3,387.826	0.000
Benefit Package 061	44	104	0.0	0.000	0.000	144.231	125.000	2,519.231	10,240.385	2,740.385	3,413.462	0.000
Benefit Package 062	20	47	0.0	0.000	0.000	339.223	381.625	3,074.205	5,915.194	2,332.155	2,819.788	0.000
Benefit Package 063	876	1,630	2.8	29.555	81.892	757.966	196.418	2,965.365	9,547.540	1,801.632	5,092.719	0.000
Benefit Package 064	196	436	1.6	25.312	41.419	632.790	115.053	2,165.292	7,531.352	1,709.684	3,610.355	0.000
Benefit Package 065	1,226	3,039	3.3	50.802	166.700	1,368.745	120.866	5,797.562	7,047.995	1,164.080	6,232.120	0.000
Benefit Package 066	797	1,842	3.1	53.198	164.480	355.017	131.367	6,568.352	3,404.433	1,518.122	1,566.633	0.000
Benefit Package 067	1,206	2,604	4.2	50.929	212.591	472.253	55.945	5,798.598	2,209.993	1,035.818	689.088	0.000
Benefit Package 068	526	1,201	2.8	51.620	145.702	669.396	91.584	6,728.093	4,935.822	1,348.699	1,063.207	0.000
Benefit Package 069	1,093	2,005	4.1	71.847	294.873	716.976	69.353	6,804.540	4,237.578	1,199.235	992.391	0.000
Benefit Package 070	504	723	4.2	92.637	385.759	1,252.679	269.616	8,972.001	3,814.034	2,250.858	1,479.433	0.000
Benefit Package 071	4,512	8,770	3.5	58.790	207.298	774.725	108.709	6,819.699	3,291.861	1,404.315	854.893	0.000
Benefit Package 072	3,621	6,844	4.1	53.167	220.579	592.018	69.132	6,310.070	4,408.446	1,311.246	851.996	0.000
Benefit Package 073	622	1,490	3.7	57.037	209.361	359.671	138.232	5,250.126	2,154.314	1,096.841	748.868	0.000
Benefit Package 074	2,741	5,053	3.4	46.311	159.517	1,082.975	65.113	6,292.811	5,659.994	1,462.042	978.675	0.000
Benefit Package 075	1,444	2,916	4.1	69.628	285.371	274.395	119.362	8,267.536	5,610.599	2,281.164	1,120.220	0.000
Benefit Package 076	2,984	5,717	4.5	63.903	286.342	554.526	110.696	7,798.629	4,065.882	1,579.223	1,002.721	0.000
Benefit Package 077	266	497	3.4	44.015	150.050	340.113	70.023	6,594.198	4,733.845	1,139.446	596.199	0.000
Benefit Package 078	1	1	2.0	142.860	285.710	2,500.000	214.290	53,285.710	25,588.090	10,038.090	0.000	0.000
Benefit Package 079	29,234	49,437	4.5	60.390	269.430	1,240.180	146.830	25,253.580	11,466.900	3,400.840	0.000	0.000
Benefit Package 080	11,991	25,702	0.0	42.150	174.044	883.831	125.012	18,052.435	7,308.002	2,032.087	0.000	0.000
Benefit Package 081	10,975	18,171	0.0	74.569	341.693	1,313.447	173.502	30,731.649	12,718.665	3,805.724	0.000	0.000
Benefit Package 082	64	87	3.0	57.000	170.000	432.000	23.000	22,511.000	13,932.000	3,125.000	0.000	0.000
Benefit Package 083	2	4	5.3	750.000	4,000.000	500.000	0.000	36,500.000	39,250.000	6,250.000	0.000	0.000
Benefit Package 084	79	180	1.7	94.000	156.000	200.000	28.000	12,206.000	7,528.000	1,428.000	0.000	0.000
Benefit Package 085	10	14	2.0	71.000	143.000	71.000	0.000	11,286.000	15,857.000	5,643.000	0.000	0.000
Benefit Package 086	29	86	2.0	82.000	165.000	82.000	0.000	9,071.000	4,659.000	1,047.000	0.000	0.000
Benefit Package 087	189	271	2.2	59.000	129.000	176.000	33.000	21,199.000	15,162.000	3,154.000	0.000	0.000
Benefit Package 088	73	94	2.5	42.000	105.000	105.000	21.000	15,895.000	19,632.000	4,863.000	0.000	0.000
Benefit Package 089	1,364	2,867	3.2	46.000	149.000	105.000	26.000	13,086.000	10,418.000	1,796.000	0.000	0.000
Benefit Package 090	130	175	2.2	80.000	177.000	143.000	29.000	20,766.000	17,349.000	3,051.000	0.000	0.000
Benefit Package 091	60	141	2.0	21.000	43.000	36.000	14.000	8,371.000	3,514.000	500.000	0.000	0.000
Benefit Package 092	580	800	7.7	107.000	820.000	326.000	34.000	26,841.000	17,506.000	3,383.000	0.000	0.000
Benefit Package 093	594	975	2.3	45.000	104.000	212.000	38.000	18,946.000	14,272.000	3,121.000	0.000	0.000
Benefit Package 094	103	257	5.7	47.000	265.000	140.000	39.000	10,794.000	8,339.000	1,767.000	0.000	0.000
Benefit Package 095	442	839	4.4	46.000	203.000	161.000	26.000	12,902.000	10,353.000	1,667.000	0.000	0.000
Benefit Package 096	421	657	2.8	49.000	134.000	245.000	43.000	13,535.000	11,569.000	2,402.000	0.000	0.000
Benefit Package 097	211	291	2.2	65.000	144.000	233.000	21.000	20,034.000	16,726.000	2,538.000	0.000	0.000
Benefit Package 098	346	825	2.7	33.000	88.000	156.000	13.000	10,762.000	8,298.000	1,539.000	0.000	0.000
Benefit Package 099	14	36	1.0	57.000	57.000	200.000	0.000	4,343.000	1,943.000	543.000	0.000	0.000
Benefit Package 100	19	52	0.0	0.000	0.000	180.000	0.000	4,020.000	2,420.000	400.000	0.000	0.000
Benefit Package 104	270	686	2.4	21.000	50.000	103.000	21.000	8,603.000	7,770.000	1,299.000	0.000	0.000
Benefit Package 108	232	341	3.4	55.000	185.000	379.000	29.000	27,720.000	15,280.000	4,153.000	0.000	0.000
Benefit Package 110	141	198	2.7	85.000	230.000	235.000	35.000	22,340.000	15,450.000	2,690.000	0.000	0.000
Benefit Package 111	266	382	9.4	47.000	442.000	272.000	29.000	15,275.000	11,516.000	2,393.000	0.000	0.000

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9e
Experience Reports by Benefit Package — Utilization Per Unit Measure
Plan Year Ending in 2013

			Utilization per 1,000 Members									
			Inpatient			Outpatient		Professional	Pharmacy Scripts		Other	
Benefit Package	Employees	Members	Avg. LOS	Admits	Days	Visits	ER Visits	Services Visits	Generic	Brand	Visits	Procedures
Benefit Package 113	35	42	0.0	0.000	0.000	548.000	24.000	21,833.000	18,881.000	5,619.000	0.000	0.000
Benefit Package 114	398	632	2.5	70.000	174.000	200.000	29.000	24,557.000	13,656.000	3,058.000	0.000	0.000
Benefit Package 115	22	27	0.0	0.000	0.000	1,000.000	0.000	35,370.000	18,407.000	3,481.000	0.000	0.000
Benefit Package 116	355	545	5.4	60.000	324.000	345.000	19.000	25,147.000	15,842.000	2,980.000	0.000	0.000
Benefit Package 121	335	513	3.5	111.000	389.000	292.000	32.000	25,069.000	12,840.000	2,292.000	0.000	0.000
Benefit Package 122	259	430	2.9	68.000	198.000	209.000	20.000	19,320.000	10,352.000	1,891.000	0.000	0.000
Benefit Package 123	12	30	2.0	31.000	63.000	156.000	0.000	11,219.000	4,594.000	688.000	0.000	0.000
Benefit Package 127	19	60	1.0	68.000	68.000	237.000	34.000	11,949.000	5,203.000	1,237.000	0.000	0.000
Benefit Package 128	211	610	6.9	39.000	272.000	257.000	33.000	12,169.000	6,753.000	1,421.000	0.000	0.000
Benefit Package 129	636	1,071	5.8	58.000	337.000	294.000	40.000	16,415.000	9,601.000	2,197.000	0.000	0.000
Benefit Package 130	433	982	2.2	75.000	163.000	210.000	38.000	12,873.000	6,706.000	1,318.000	0.000	0.000
Benefit Package 131	9	39	1.0	26.000	26.000	51.000	0.000	5,308.000	2,872.000	538.000	0.000	0.000
Benefit Package 132	9	19	0.0	0.000	0.000	263.000	0.000	17,158.000	5,737.000	316.000	0.000	0.000
Benefit Package 133	181	336	2.9	39.000	111.000	265.000	33.000	14,154.000	10,172.000	1,973.000	0.000	0.000
Benefit Package 134	63	140	1.0	29.000	29.000	196.000	14.000	8,312.000	6,058.000	572.000	0.000	0.000
Benefit Package 135	233	484	16.9	27.000	454.000	95.000	12.000	9,744.000	7,148.000	1,390.000	0.000	0.000
Benefit Package 136	28	44	4.0	23.000	93.000	140.000	0.000	9,512.000	10,791.000	1,395.000	0.000	0.000
Benefit Package 137	118	348	3.3	46.000	149.000	103.000	6.000	10,668.000	4,350.000	742.000	0.000	0.000
Benefit Package 138	7	20	0.0	0.000	0.000	50.000	0.000	4,700.000	5,000.000	700.000	0.000	0.000
Benefit Package 173	195	268	5.9	41.000	242.000	498.000	197.000	5,066.000	11,876.000	3,609.000	0.000	0.000
Benefit Package 180	10	14	0.0	0.000	0.000	0.000	0.000	24,000.000	10,685.710	2,057.140	0.000	0.000
Benefit Package 181	7	9	0.0	0.000	0.000	0.000	0.000	20,000.000	13,911.110	2,755.550	0.000	0.000
Benefit Package 185	1	4	0.0	0.000	0.000	240.000	0.000	2,160.000	10,080.000	1,680.000	2,640.000	0.000
Benefit Package 186	2	2	0.0	0.000	0.000	0.000	0.000	7,500.000	0.000	0.000	0.000	0.000
Benefit Package 188	845	1,076	3.5	63.000	220.000	281.000	25.000	21,889.000	16,689.000	3,644.000	0.000	0.000
Benefit Package 189	724	1,654	3.8	43.000	164.000	188.000	23.000	13,621.000	9,795.000	1,738.000	0.000	0.000
Benefit Package 190	150	447	1.6	25.000	40.000	107.000	18.000	10,488.000	7,271.000	908.000	0.000	0.000
Benefit Package 191	6	17	0.0	0.000	0.000	0.000	0.000	6,588.000	1,706.000	471.000	0.000	0.000
Grand Total	**104,381**	**200,916**	**3.2**	**53.759**	**223.606**	**856.952**	**118.223**	**17,194.838**	**8,502.048**	**2,195.540**	**539.923**	**0.000**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 003	**Employees**		**161**	**161**	**162**	**162**	**161**	**161**	**161**	**161**	**161**				**161**
	Members		**272**	**272**	**276**	**276**	**271**	**272**	**271**	**271**	**270**				**272**
	Claims	Inpatient	$0	$25,367	$28,754	$0	$29,710	$114,886	$115,154	$38,884	$12,750				**$365,506**
		Outpatient	$32,423	$37,604	$44,558	$26,751	$23,918	$32,184	$54,661	$76,001	$43,691				**$371,791**
		ER	$11,900	$3,548	$9,917	$2,185	$3,154	$14,428	$14,174	$3,610	$8,425				**$71,340**
		Prof Svcs	$36,153	$41,828	$53,507	$33,824	$50,203	$59,112	$75,313	$65,343	$44,419				**$459,702**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$36,509	$27,612	$35,345	$26,997	$25,048	$36,296	$22,592	$36,783	$46,076				**$293,259**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$116,986**	**$135,958**	**$172,081**	**$89,757**	**$132,034**	**$256,906**	**$281,893**	**$220,621**	**$155,362**				**$1,561,598**
	Total Premiums		**$143,227**	**$143,227**	**$145,333**	**$145,333**	**$142,700**	**$143,227**	**$142,700**	**$142,700**	**$142,174**				**$1,290,621**
Benefit Package 004	**Employees**		**80**	**79**	**79**	**79**	**78**	**78**	**78**	**78**	**78**				**79**
	Members		**156**	**153**	**152**	**150**	**149**	**150**	**150**	**153**	**153**				**152**
	Claims	Inpatient	$0	$0	$0	$7,807	$3,807	$20,797	$0	$17,378	$0				**$49,788**
		Outpatient	$26,932	$17,049	$30,219	$24,157	$26,689	$60,372	$24,708	$42,248	$33,885				**$286,260**
		ER	$3,038	$3,894	$1,560	$1,225	$3,645	$6,866	$5,249	$4,235	$2,672				**$32,385**
		Prof Svcs	$12,461	$7,963	$9,673	$13,473	$8,729	$24,456	$15,880	$21,159	$14,736				**$128,530**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$9,390	$6,614	$7,966	$7,330	$8,031	$7,000	$6,484	$9,753	$7,317				**$69,884**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$51,821**	**$35,520**	**$49,419**	**$53,991**	**$50,901**	**$119,490**	**$52,321**	**$94,773**	**$58,610**				**$566,847**
	Total Premiums		**$78,014**	**$76,514**	**$76,014**	**$75,014**	**$74,513**	**$75,014**	**$75,014**	**$76,514**	**$76,514**				**$683,125**
Benefit Package 005	**Employees**		**76**	**75**	**75**	**75**	**75**	**74**	**74**	**74**	**74**				**75**
	Members		**152**	**150**	**150**	**146**	**143**	**143**	**144**	**144**	**142**				**146**
	Claims	Inpatient	$14,294	$137,505	$0	$0	$9,480	$14,889	$0	$0	$7,707				**$183,874**
		Outpatient	$22,892	$34,570	$7,095	$8,363	$9,299	$4,378	$10,614	$4,501	$9,791				**$111,502**
		ER	$3,625	$11,015	$1,320	$5,212	$4,687	$2,537	$3,874	$1,024	$3,400				**$36,694**
		Prof Svcs	$19,653	$27,743	$13,105	$16,177	$16,733	$16,301	$21,690	$12,329	$21,794				**$165,523**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$10,492	$12,217	$8,162	$9,147	$8,225	$11,402	$8,847	$10,555	$10,553				**$89,600**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$70,955**	**$223,050**	**$29,681**	**$38,898**	**$48,424**	**$49,506**	**$45,025**	**$28,409**	**$53,246**				**$587,194**
	Total Premiums		**$76,014**	**$75,014**	**$75,014**	**$73,013**	**$71,513**	**$71,513**	**$72,013**	**$72,013**	**$71,013**				**$657,120**
Benefit Package 006	**Employees**		**9**	**11**	**10**	**10**	**10**	**10**	**10**	**10**	**10**				**10**
	Members		**24**	**27**	**24**	**24**	**24**	**24**	**23**	**23**	**23**				**24**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Outpatient	$14,770	$9	$0	$318	$14	$292	$2,163	$0	$416				**$17,982**
		ER	$0	$0	$0	$0	$0	$0	$453	$0	$0				**$453**
		Prof Svcs	$3,950	$592	$1,073	$527	$141	$334	$1,119	$5,231	$458				**$13,426**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$1,009	$855	$901	$424	$275	$12	$334	$60	$733				**$4,602**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$19,729**	**$1,456**	**$1,974**	**$1,270**	**$430**	**$638**	**$4,069**	**$5,291**	**$1,606**				**$36,463**
	Total Premiums		**$10,147**	**$11,416**	**$10,147**	**$10,147**	**$10,147**	**$10,147**	**$9,725**	**$9,725**	**$9,725**				**$91,326**
Benefit Package 007	**Employees**		**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**				**7**
	Members		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**				**19**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Outpatient	$0	$0	$0	$12,256	$4,340	$334	$396	$0	$0				**$17,326**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$3,098				**$3,098**
		Prof Svcs	$253	$0	$0	$1,452	$282	$441	$1,123	$341	$1,150				**$5,042**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Pharmacy	$0	$0	$0	$0	$0	$2	$345	$45	$287				**$679**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$253**	**$0**	**$0**	**$13,708**	**$4,622**	**$777**	**$1,864**	**$386**	**$4,535**				**$26,145**
	Total Premiums		**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**	**$6,480**				**$58,320**
Benefit Package 008	**Employees**		**1**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**0**	**0**	**2**
	Members		**1**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**0**	**0**	**2**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$0	$0	$236	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$236**
		Other	$0	$439	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$439**
		Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$0**	**$439**	**$236**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$675**
	Total Premiums		**$421**	**$842**	**$842**	**$842**	**$842**	**$842**	**$842**	**$421**	**$421**	**$421**	**$0**	**$0**	**$6,737**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 009	**Employees**		**56**	**56**	**56**	**56**	**56**	**56**	**56**	**54**	**54**	**55**	**60**	**59**	**56**
	Members		**109**	**109**	**109**	**108**	**108**	**107**	**106**	**102**	**102**	**103**	**101**	**100**	**105**
	Claims	Inpatient	$0	$23,606	$0	$0	$34,980	$0	$0	$103,130	$12,807	$0	$28,324	$0	**$202,847**
		Outpatient	$21,080	$1,981	$5,332	$13,735	$13,169	$8,754	$6,908	$6,628	$3,456	$13,425	$4,194	$5,777	**$104,439**
		ER	$1,843	$1,960	$0	$0	$289	$0	$4,862	$2,653	$467	$750	$3,696	$1,117	**$17,637**
		Prof Svcs	$4,528	$9,774	$6,171	$4,197	$11,126	$46,331	$15,309	$17,995	$12,541	$7,546	$5,679	$4,481	**$145,679**
		Other	$5,464	$37,292	$73,268	$86,557	$75,163	$30,319	$94,796	$8,466	$8,715	$75,413	$76,379	$26,746	**$598,577**
		Pharmacy	$2,582	$4,016	$4,206	$1,732	$4,946	$2,760	$3,868	$4,651	$1,706	$3,531	$2,562	$3,279	**$39,840**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$35,498**	**$78,630**	**$88,978**	**$106,222**	**$139,673**	**$88,164**	**$125,742**	**$143,524**	**$39,691**	**$100,665**	**$120,834**	**$41,400**	**$1,109,020**
	Total Premiums		**$52,746**	**$52,746**	**$52,746**	**$52,746**	**$52,746**	**$52,162**	**$51,803**	**$49,458**	**$49,458**	**$50,271**	**$52,769**	**$52,769**	**$622,420**
Benefit Package 010	**Employees**		**261**	**261**	**260**	**257**	**256**	**256**	**256**	**255**	**252**	**256**	**260**	**258**	**257**
	Members		**420**	**415**	**414**	**409**	**407**	**405**	**406**	**406**	**399**	**408**	**411**	**409**	**409**
	Claims	Inpatient	$86,336	$9,814	$34,844	$52,511	$40,480	$0	$0	$43,256	$0	$20	$68,558	$91,454	**$427,274**
		Outpatient	$48,104	$56,610	$34,619	$37,369	$47,867	$54,306	$141,751	$41,005	$41,897	$43,788	$52,429	$52,292	**$652,039**
		ER	$21,102	$19,080	$618	$10,424	$11,229	$4,403	$11,340	$3,137	$1,691	$8,829	$9,344	$5,012	**$106,207**
		Prof Svcs	$55,098	$42,116	$44,359	$36,218	$47,544	$32,612	$60,512	$42,847	$55,564	$38,945	$57,446	$45,893	**$559,155**
		Other	$67,734	$80,752	$74,006	$53,028	$61,319	$39,051	$76,894	$68,544	$42,046	$38,776	$66,785	$74,271	**$743,206**
		Pharmacy	$16,303	$14,122	$17,473	$16,711	$18,293	$15,229	$15,165	$20,107	$15,474	$14,979	$21,523	$14,001	**$199,381**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$294,676**	**$222,493**	**$205,918**	**$206,261**	**$226,732**	**$145,602**	**$305,662**	**$218,898**	**$156,673**	**$145,338**	**$276,085**	**$282,923**	**$2,687,261**
	Total Premiums		**$241,628**	**$239,826**	**$239,152**	**$235,949**	**$234,608**	**$234,608**	**$235,275**	**$234,601**	**$230,167**	**$233,891**	**$242,288**	**$240,899**	**$2,842,893**
Benefit Package 011	**Employees**		**91**	**92**	**93**	**93**	**92**	**92**	**92**	**94**	**93**	**92**	**96**	**96**	**93**
	Members		**238**	**239**	**240**	**240**	**238**	**237**	**237**	**242**	**241**	**235**	**249**	**243**	**240**
	Claims	Inpatient	$0	$2,411	$0	$0	$0	$0	$0	$0	$0	$3,134	$0	$2,022	**$7,567**
		Outpatient	$302	$236	$10,104	$3,331	$5,083	$1,458	$15,536	$906	$374	$19,740	$4,343	$7,383	**$68,796**
		ER	$3,234	$2,926	$0	$57	$2,144	$0	$0	$0	$0	$7,971	$443	$137	**$16,912**
		Prof Svcs	$5,215	$6,966	$8,941	$6,814	$6,663	$5,913	$7,687	$7,444	$8,456	$5,423	$8,909	$9,754	**$88,185**
		Other	$4,597	$3,609	$6,493	$5,254	$10,474	$4,341	$4,319	$6,836	$4,725	$7,403	$7,843	$5,968	**$71,861**
		Pharmacy	$1,886	$2,901	$3,831	$3,456	$2,481	$1,720	$3,505	$1,755	$2,047	$2,977	$2,237	$1,609	**$30,405**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$15,234**	**$19,050**	**$29,370**	**$18,912**	**$26,845**	**$13,432**	**$31,046**	**$16,940**	**$15,602**	**$46,648**	**$23,774**	**$26,872**	**$283,726**
	Total Premiums		**$79,170**	**$79,633**	**$80,096**	**$80,096**	**$79,280**	**$78,821**	**$78,821**	**$80,240**	**$79,777**	**$78,115**	**$87,640**	**$86,860**	**$968,548**
Benefit Package 012	**Employees**		**128**	**128**	**127**	**127**	**126**	**125**	**124**	**120**	**116**	**233**	**273**	**278**	**159**
	Members		**246**	**245**	**242**	**240**	**239**	**240**	**239**	**229**	**223**	**445**	**524**	**531**	**304**
	Claims	Inpatient	$11,297	$0	$0	$0	$25,357	$37,166	$0	$29,370	$4,025	$4,554	$5,647	$30,212	**$147,628**
		Outpatient	$3,207	$3,617	$153	$3,008	$359	$1,006	$704	$35	$0	$897	$3,175	$734	**$16,895**
		ER	$388	$273	$131	$5,241	$1,553	$3,976	$0	$1,706	$0	$4,432	$4,061	$1,026	**$22,788**
		Prof Svcs	$5,224	$2,455	$1,106	$633	$3,801	$6,524	$1,094	$7,909	$3,586	$2,190	$3,187	$8,222	**$45,930**
		Other	$74,373	$71,347	$41,752	$39,453	$45,970	$46,850	$34,732	$53,208	$27,377	$84,460	$74,581	$74,995	**$669,098**
		Pharmacy	$2,497	$1,694	$2,033	$3,943	$3,220	$3,325	$2,661	$3,185	$1,905	$5,741	$23,747	$15,854	**$69,804**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$96,986**	**$79,386**	**$45,176**	**$52,278**	**$80,259**	**$98,846**	**$39,190**	**$95,412**	**$36,893**	**$102,274**	**$114,399**	**$131,044**	**$972,143**
	Total Premiums		**$81,989**	**$84,026**	**$79,378**	**$79,965**	**$80,064**	**$80,119**	**$79,882**	**$81,818**	**$79,451**	**$139,537**	**$195,472**	**$206,318**	**$1,268,019**
Benefit Package 013	**Employees**		**134**	**134**	**134**	**132**	**129**	**129**	**129**	**129**	**128**	**264**	**360**	**361**	**180**
	Members		**353**	**353**	**356**	**353**	**349**	**347**	**348**	**348**	**341**	**695**	**645**	**648**	**428**
	Claims	Inpatient	$34,966	$0	$22,826	$7,182	$31,621	$14,410	$76,800	$17,777	$41,628	$58,144	$10,558	$0	**$315,913**
		Outpatient	$37,500	$3,233	$6,806	$2,645	$8,123	$6,605	$3,590	$8,497	$3,415	$26,364	$12,998	$46,658	**$166,434**
		ER	$4,397	$874	$2,614	$1,921	$3,993	$1,712	$1,846	$2,387	$1,345	$13,415	$5,685	$18,292	**$58,480**
		Prof Svcs	$12,784	$6,355	$24,405	$11,053	$12,091	$7,707	$11,724	$6,360	$9,064	$19,331	$7,097	$19,438	**$147,408**
		Other	$57,627	$45,576	$51,118	$54,554	$63,054	$39,597	$61,097	$56,027	$51,259	$125,211	$118,731	$118,572	**$842,423**
		Pharmacy	$10,665	$10,209	$10,260	$14,499	$11,696	$14,903	$17,820	$20,992	$12,579	$26,065	$27,917	$21,724	**$199,330**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$157,938**	**$66,247**	**$118,030**	**$91,853**	**$130,578**	**$84,935**	**$172,876**	**$112,040**	**$119,290**	**$268,530**	**$182,987**	**$224,684**	**$1,729,988**
	Total Premiums		**$128,183**	**$124,031**	**$127,373**	**$127,874**	**$127,763**	**$120,471**	**$124,686**	**$123,016**	**$124,940**	**$270,720**	**$346,115**	**$314,566**	**$2,059,739**
Benefit Package 014	**Employees**		**230**	**239**	**242**	**240**	**242**	**240**	**238**	**218**	**196**	**403**			**249**
	Members		**329**	**339**	**343**	**340**	**346**	**345**	**343**	**318**	**275**	**587**			**357**
	Claims	Inpatient	$20,003	$16,751	$0	$26,775	$6,556	$25,329	$4,270	$25,846	$81,018	$33,444			**$239,992**
		Outpatient	$5,443	$213	$4,474	$1,501	$1,403	$4,467	$7,055	$50,973	$35,529	$4,639			**$115,697**
		ER	$530	$6,445	$2,001	$3,093	$756	$7,326	$1,128	$2,937	$975	$8,632			**$33,822**
		Prof Svcs	$6,032	$3,176	$2,030	$4,494	$1,136	$11,590	$2,258	$8,295	$14,158	$15,484			**$68,652**
		Other	$53,985	$69,903	$57,829	$59,909	$54,796	$67,739	$65,870	$73,043	$49,474	$141,203			**$693,750**
		Pharmacy	$13,326	$17,261	$18,253	$17,376	$18,654	$11,559	$19,121	$13,645	$12,837	$40,948			**$182,980**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$99,319**	**$113,749**	**$84,587**	**$113,147**	**$83,300**	**$128,010**	**$99,702**	**$174,738**	**$193,991**	**$244,350**			**$1,334,893**
	Total Premiums		**$147,897**	**$141,692**	**$159,325**	**$153,525**	**$163,324**	**$149,819**	**$156,591**	**$132,598**	**$143,093**	**$292,764**			**$1,640,627**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 016	**Employees**		**158**	**156**	**155**	**153**	**153**	**153**	**153**	**152**	**150**	**314**	**84**	**84**	**155**
	Members		**268**	**265**	**260**	**255**	**256**	**256**	**257**	**256**	**255**	**529**	**143**	**143**	**262**
	Claims	Inpatient	$0	$25,451	$0	$52,295	$0	$0	$0	$19,393	$0	$59,073	$0	$0	**$156,212**
		Outpatient	$2,671	$12,292	$7,750	$2,070	$12,429	$18,049	$1,869	$2,496	$12,907	$32,739	$12,365	$0	**$117,638**
		ER	$2,498	$3,204	$2,875	$4,746	$3,975	$21,905	$2,349	$5,856	$1,865	$5,161	$0	$1,537	**$55,971**
		Prof Svcs	$2,748	$7,263	$4,639	$8,877	$16,466	$16,541	$9,148	$6,432	$3,733	$19,089	$3,388	$72	**$98,396**
		Other	$59,916	$49,183	$51,884	$45,118	$45,456	$50,400	$56,542	$63,447	$47,628	$115,604	$17,584	$18,129	**$620,892**
		Pharmacy	$20,638	$15,732	$16,835	$18,744	$16,499	$16,404	$20,636	$14,422	$27,863	$36,060	$6,700	$5,211	**$215,744**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$88,471**	**$113,125**	**$83,983**	**$131,851**	**$94,826**	**$123,300**	**$90,543**	**$112,046**	**$93,996**	**$267,726**	**$40,038**	**$24,950**	**$1,264,854**
	Total Premiums		**$120,079**	**$119,763**	**$118,987**	**$117,168**	**$116,475**	**$117,163**	**$118,285**	**$115,884**	**$118,484**	**$251,346**	**$64,118**	**$65,230**	**$1,442,981**
Benefit Package 017	**Employees**		**6,436**	**6,513**	**6,575**	**6,606**	**6,621**	**6,638**	**6,629**	**6,621**	**6,648**	**7,025**	**10,739**	**10,885**	**7,328**
	Members		**15,794**	**15,947**	**16,046**	**16,131**	**16,160**	**16,211**	**16,210**	**16,182**	**16,263**	**16,930**	**24,481**	**24,719**	**17,590**
	Claims	Inpatient	$658,458	$409,521	$612,900	$631,704	$547,880	$1,387,729	$1,060,652	$980,932	$462,017	$877,424	$919,565	$740,882	**$9,289,666**
		Outpatient	$671,676	$639,688	$688,592	$907,343	$736,091	$875,893	$945,722	$890,902	$738,700	$673,932	$1,048,620	$1,249,185	**$10,066,343**
		ER	$78,418	$85,354	$128,556	$172,083	$122,786	$107,296	$124,171	$122,171	$173,458	$197,327	$199,224	$190,538	**$1,701,382**
		Prof Svcs	$1,417,929	$1,357,953	$1,418,674	$1,479,124	$1,424,592	$1,432,312	$1,701,358	$1,734,318	$1,310,190	$1,549,626	$1,978,433	$2,086,320	**$18,890,830**
		Other	$31,175	$31,464	$70,842	$39,479	$29,771	$28,931	$42,732	$101,067	$102,835	$68,579	$58,078	$79,831	**$684,785**
		Pharmacy	$332,127	$317,560	$370,523	$398,503	$388,071	$391,563	$435,686	$436,750	$416,147	$457,586	$554,016	$637,316	**$5,135,846**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$3,189,783**	**$2,841,540**	**$3,290,087**	**$3,628,236**	**$3,249,192**	**$4,223,723**	**$4,310,321**	**$4,266,141**	**$3,203,348**	**$3,824,475**	**$4,757,936**	**$4,984,072**	**$45,768,853**
	Total Premiums		**$4,101,209**	**$4,131,340**	**$4,160,833**	**$4,181,754**	**$4,191,687**	**$4,201,473**	**$4,197,432**	**$4,192,757**	**$4,212,216**	**$4,398,111**	**$7,497,793**	**$7,583,125**	**$57,049,730**
Benefit Package 018	**Employees**		**3,220**	**3,248**	**3,264**	**3,286**	**3,287**	**3,296**	**3,304**	**3,287**	**3,301**	**3,452**	**4,887**	**4,954**	**3,566**
	Members		**8,168**	**8,217**	**8,257**	**8,298**	**8,300**	**8,322**	**8,338**	**8,276**	**8,310**	**8,562**	**11,739**	**11,897**	**8,890**
	Claims	Inpatient	$265,644	$382,441	$495,552	$170,450	$233,877	$675,035	$383,968	$309,248	$184,949	$324,689	$437,228	$715,091	**$4,578,171**
		Outpatient	$458,972	$382,335	$478,036	$520,004	$401,577	$463,204	$771,345	$681,634	$394,469	$426,579	$451,708	$630,723	**$6,060,587**
		ER	$60,783	$107,275	$99,539	$117,718	$77,357	$62,084	$81,442	$92,229	$61,815	$75,464	$73,215	$90,521	**$999,442**
		Prof Svcs	$596,700	$593,205	$571,747	$599,339	$571,251	$587,114	$746,687	$712,417	$552,990	$628,994	$770,285	$869,238	**$7,799,965**
		Other	$11,289	$38,727	$39,040	$23,719	$44,855	$29,746	$21,649	$22,888	$22,161	$17,046	$19,768	$39,895	**$330,784**
		Pharmacy	$241,748	$255,940	$279,509	$302,678	$308,831	$283,206	$332,968	$319,344	$319,406	$326,974	$390,142	$484,080	**$3,844,823**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,635,136**	**$1,759,923**	**$1,963,423**	**$1,733,908**	**$1,637,747**	**$2,100,388**	**$2,338,060**	**$2,137,759**	**$1,535,790**	**$1,799,746**	**$2,142,345**	**$2,829,547**	**$23,613,773**
	Total Premiums		**$2,143,917**	**$2,151,353**	**$2,162,206**	**$2,172,589**	**$2,173,363**	**$2,178,348**	**$2,183,505**	**$2,171,833**	**$2,182,041**	**$2,245,140**	**$3,593,865**	**$3,638,180**	**$28,996,341**
Benefit Package 019	**Employees**		**1,492**	**1,516**	**1,526**	**1,534**	**1,542**	**1,544**	**1,544**	**1,551**	**1,572**	**1,572**	**1,928**	**1,951**	**1,606**
	Members		**3,634**	**3,700**	**3,728**	**3,748**	**3,765**	**3,769**	**3,766**	**3,771**	**3,826**	**3,828**	**4,520**	**4,563**	**3,885**
	Claims	Inpatient	$189,741	$129,358	$105,689	$171,423	$304,854	$347,338	$118,089	$131,991	$104,922	$147,021	$143,869	$145,617	**$2,039,910**
		Outpatient	$164,047	$154,950	$146,086	$196,584	$118,280	$156,130	$190,675	$153,069	$179,082	$130,051	$196,882	$242,107	**$2,027,943**
		ER	$21,785	$28,029	$30,504	$35,523	$27,379	$32,689	$23,833	$59,163	$42,930	$42,584	$34,000	$47,678	**$426,098**
		Prof Svcs	$275,409	$257,534	$303,315	$308,714	$292,199	$265,369	$309,698	$356,183	$279,215	$336,381	$330,664	$324,276	**$3,638,959**
		Other	$4,706	$19,121	$9,193	$8,863	$6,272	$22,741	$17,815	$6,225	$12,284	$10,133	$10,460	$22,629	**$150,441**
		Pharmacy	$90,853	$88,864	$105,837	$111,957	$113,869	$123,689	$117,010	$133,545	$132,016	$131,346	$137,014	$168,322	**$1,454,322**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$746,540**	**$677,857**	**$700,626**	**$833,064**	**$862,853**	**$947,956**	**$777,119**	**$840,175**	**$750,449**	**$797,515**	**$852,890**	**$950,630**	**$9,737,673**
	Total Premiums		**$933,392**	**$944,349**	**$952,124**	**$956,285**	**$960,114**	**$960,946**	**$960,464**	**$964,746**	**$979,058**	**$975,017**	**$1,344,712**	**$1,357,595**	**$12,288,800**
Benefit Package 020	**Employees**		**107**	**108**	**112**	**112**	**115**	**115**	**113**	**106**	**97**	**93**	**0**	**0**	**108**
	Members		**150**	**149**	**153**	**153**	**159**	**159**	**155**	**148**	**141**	**136**	**0**	**0**	**150**
	Claims	Inpatient	$0	$0	$0	$0	$0	$17,642	$10,229	$8,494	$0	$145,530	$0	$0	**$181,896**
		Outpatient	$9,678	$1,166	$7,815	$1,377	$15,743	$14,205	$49,022	$21,530	$8,028	$1,835	$21,619	$70	**$152,087**
		ER	$6,259	$2,484	$3,266	$248	$5,443	$1,137	$3,285	$4,103	$7,861	$301	$2,535	$967	**$37,887**
		Prof Svcs	$16,962	$13,847	$20,008	$12,902	$24,338	$15,185	$24,379	$27,879	$24,936	$34,606	$9,466	$1,201	**$225,709**
		Other	$14,896	$21,358	$21,457	$16,486	$21,348	$13,722	$23,006	$16,544	$11,623	$21,834	$14,619	$1,967	**$198,861**
		Pharmacy	$11,204	$11,761	$13,884	$14,323	$14,042	$12,191	$11,173	$19,389	$13,179	$12,572	$2,523	$353	**$136,594**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$58,999**	**$50,616**	**$66,430**	**$45,335**	**$80,914**	**$74,082**	**$121,095**	**$97,939**	**$65,627**	**$216,678**	**$50,763**	**$4,558**	**$933,035**
	Total Premiums		**$83,568**	**$83,154**	**$85,824**	**$85,824**	**$88,468**	**$88,468**	**$86,813**	**$82,139**	**$76,130**	**$73,459**	**$0**	**$0**	**$833,847**
Benefit Package 021	**Employees**		**111**	**112**	**112**	**111**	**111**	**112**	**109**	**107**	**90**	**82**	**0**	**0**	**106**
	Members		**163**	**164**	**164**	**161**	**161**	**161**	**158**	**155**	**131**	**111**	**0**	**0**	**153**
	Claims	Inpatient	$42,072	$0	$6,686	$820	$27,176	$0	$10,883	$0	$0	$0	$0	$0	**$87,636**
		Outpatient	$118	$1,019	$2,761	$7,782	$3,431	$1,190	$12,616	$1,801	$104	$14,872	$2,679	$0	**$48,372**
		ER	$0	$423	$1,911	$0	$167	$0	$722	$937	$0	$5,942	$2,604	$0	**$12,705**
		Prof Svcs	$12,560	$12,053	$11,110	$9,229	$18,211	$9,104	$14,531	$13,472	$9,106	$16,484	$2,260	$167	**$128,287**
		Other	$6,448	$14,318	$11,741	$9,822	$13,820	$12,061	$6,832	$6,906	$6,373	$6,465	$2,803	$140	**$97,730**
		Pharmacy	$1,860	$3,091	$4,513	$1,606	$2,458	$2,588	$1,514	$3,401	$1,823	$3,177	$198	$0	**$26,227**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$63,058**	**$30,904**	**$38,721**	**$29,259**	**$65,263**	**$24,943**	**$47,097**	**$26,517**	**$17,406**	**$46,939**	**$10,544**	**$307**	**$400,957**
	Total Premiums		**$67,053**	**$67,570**	**$67,570**	**$66,805**	**$66,805**	**$66,991**	**$65,441**	**$64,160**	**$54,302**	**$48,928**	**$0**	**$0**	**$635,624**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 022	**Employees**		**519**	**520**	**519**	**517**	**517**	**516**	**516**	**514**	**512**	**1,026**	**524**	**525**	**560**
	Members		**1,132**	**1,136**	**1,135**	**1,130**	**1,135**	**1,132**	**1,127**	**1,121**	**1,120**	**2,249**	**1,041**	**1,042**	**1,208**
	Claims	Inpatient	$87,431	$138,794	$91,735	$194,601	$84,545	$123,400	$155,012	$174,700	$45,783	$73,881	$118,463	$31,472	**$1,319,819**
		Outpatient	$82,311	$55,757	$42,131	$32,069	$31,733	$55,027	$102,435	$29,908	$39,440	$83,836	$73,708	$40,684	**$669,040**
		ER	$8,968	$23,559	$13,211	$14,372	$16,975	$6,274	$13,809	$17,447	$12,025	$24,558	$14,776	$8,055	**$174,030**
		Prof Svcs	$120,538	$119,232	$194,395	$84,740	$119,478	$90,359	$134,053	$149,741	$110,934	$221,942	$113,737	$119,069	**$1,578,217**
		Other	$80,939	$83,842	$88,504	$104,553	$90,184	$59,792	$84,797	$102,641	$94,138	$190,499	$89,632	$74,499	**$1,144,022**
		Pharmacy	$39,933	$41,526	$62,700	$51,092	$60,210	$48,922	$49,578	$60,290	$42,442	$92,180	$68,536	$42,286	**$659,696**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$420,121**	**$462,711**	**$492,677**	**$481,428**	**$403,125**	**$383,774**	**$539,685**	**$534,728**	**$344,762**	**$686,897**	**$478,851**	**$316,065**	**$5,544,823**
	Total Premiums		**$463,971**	**$463,633**	**$462,955**	**$460,524**	**$461,201**	**$460,862**	**$460,985**	**$456,553**	**$455,691**	**$918,030**	**$509,636**	**$510,662**	**$6,084,703**
Benefit Package 024	**Employees**		**28**	**27**	**27**	**26**	**26**	**26**	**26**	**26**	**27**	**46**	**187**	**189**	**55**
	Members		**68**	**67**	**68**	**64**	**64**	**65**	**65**	**65**	**68**	**114**	**325**	**326**	**113**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$16,092	$0	$0	$5,074	$12,350	$0	**$33,516**
		Outpatient	$0	$0	$3	$561	$2	$8,791	$2	$203	$3	$0	$6,613	$13,191	**$29,368**
		ER	$733	$0	$0	$0	$1,179	$1,543	$2,347	$2,630	$0	$1,094	$2,574	$2,502	**$14,601**
		Prof Svcs	$1,409	$2,257	$3,511	$4,954	$2,523	$3,585	$6,754	$5,708	$1,981	$6,603	$20,087	$18,698	**$78,070**
		Other	$1,478	$1,338	$2,451	$1,613	$1,342	$1,443	$3,373	$850	$2,427	$2,334	$12,544	$9,436	**$40,629**
		Pharmacy	$594	$495	$1,385	$229	$1,092	$1,140	$349	$1,596	$681	$871	$3,853	$4,940	**$17,226**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$4,214**	**$4,090**	**$7,350**	**$7,356**	**$6,138**	**$16,501**	**$28,917**	**$10,986**	**$5,092**	**$15,977**	**$58,021**	**$48,768**	**$213,410**
	Total Premiums		**$20,091**	**$19,603**	**$20,091**	**$19,067**	**$19,067**	**$19,286**	**$19,286**	**$19,286**	**$20,481**	**$34,256**	**$140,646**	**$140,646**	**$491,804**
Benefit Package 025	**Employees**		**628**	**651**	**670**	**687**	**697**	**704**	**705**	**706**	**717**	**826**	**1,343**	**1,386**	**810**
	Members		**1,804**	**1,852**	**1,897**	**1,929**	**1,952**	**1,973**	**1,974**	**1,995**	**2,021**	**2,260**	**3,616**	**3,710**	**2,249**
	Claims	Inpatient	$112,812	$0	$192,445	$89,770	$24,877	$17	$241,086	$46,720	$98,396	$45,111	$191,606	$109,623	**$1,152,463**
		Outpatient	$11,995	$39,854	$42,362	$52,004	$38,790	$70,205	$102,767	$88,873	$91,094	$89,643	$74,040	$101,650	**$803,275**
		ER	$11,677	$20,698	$17,479	$19,988	$10,757	$10,096	$17,674	$10,060	$6,631	$11,507	$2,963	$13,885	**$153,415**
		Prof Svcs	$43,763	$64,176	$74,344	$71,762	$80,007	$105,023	$147,772	$122,892	$107,657	$129,849	$127,510	$146,647	**$1,221,403**
		Other	$0	$1,574	$31,518	$4,124	$1,519	$1,911	$3,964	$647	$4,809	$5,158	$7,873	$5,129	**$68,229**
		Pharmacy	$4,536	$10,293	$9,276	$10,979	$14,650	$12,591	$19,747	$20,593	$24,940	$18,421	$22,194	$29,033	**$197,251**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$184,782**	**$136,595**	**$367,424**	**$248,628**	**$170,600**	**$199,843**	**$533,010**	**$289,786**	**$333,527**	**$299,690**	**$426,186**	**$405,967**	**$3,596,036**
	Total Premiums		**$369,176**	**$378,415**	**$389,340**	**$397,072**	**$402,092**	**$406,440**	**$407,174**	**$408,371**	**$413,681**	**$465,076**	**$878,091**	**$903,288**	**$5,818,215**
Benefit Package 027	**Employees**		**134**	**132**	**133**	**132**	**130**	**130**	**130**	**130**	**128**	**264**			**144**
	Members		**251**	**244**	**244**	**238**	**235**	**233**	**233**	**233**	**230**	**482**			**262**
	Claims	Inpatient	$0	$0	$0	$8,601	$32,051	$58,733	$18,056	$0	$42,544	$9,427			**$169,411**
		Outpatient	$17,211	$16,228	$4,056	$7,825	$1,394	$7,507	$0	$7,955	$8,009	$4,470			**$74,655**
		ER	$3,244	$0	$14,246	$8,441	$7,351	$6,623	$0	$1,940	$14,989	$6,464			**$63,297**
		Prof Svcs	$3,545	$9,437	$1,698	$9,547	$15,804	$11,754	$3,212	$3,578	$7,967	$3,188			**$69,731**
		Other	$48,044	$44,887	$42,912	$39,920	$65,349	$46,186	$37,828	$53,247	$49,468	$85,301			**$513,142**
		Pharmacy	$6,913	$6,681	$5,129	$7,603	$6,535	$12,501	$13,107	$17,923	$19,134	$21,498			**$117,025**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$78,957**	**$77,234**	**$68,041**	**$81,937**	**$128,485**	**$143,303**	**$72,203**	**$84,643**	**$142,112**	**$130,348**			**$1,007,262**
	Total Premiums		**$120,526**	**$118,164**	**$119,264**	**$118,510**	**$116,279**	**$115,683**	**$115,118**	**$115,072**	**$114,024**	**$238,382**			**$1,291,021**
Benefit Package 029	**Employees**		**496**	**495**	**493**	**491**	**491**	**489**	**486**	**481**	**480**	**957**			**536**
	Members		**1,110**	**1,103**	**1,099**	**1,092**	**1,086**	**1,079**	**1,076**	**1,070**	**1,063**	**2,134**			**1,191**
	Claims	Inpatient	$88,759	$25,386	$130,409	$73,436	$34,802	$65,107	$150,706	$194,987	$85,196	$172,747			**$1,021,534**
		Outpatient	$80,623	$58,440	$39,764	$39,173	$21,817	$41,095	$51,543	$11,568	$33,572	$84,864			**$462,460**
		ER	$18,712	$18,341	$33,192	$14,026	$12,713	$39,695	$32,843	$8,951	$22,418	$45,846			**$246,737**
		Prof Svcs	$53,205	$17,431	$31,818	$26,997	$26,763	$43,481	$40,184	$24,321	$30,518	$95,230			**$389,949**
		Other	$235,779	$176,013	$173,401	$184,794	$174,486	$218,773	$208,556	$219,065	$187,578	$425,857			**$2,204,302**
		Pharmacy	$54,381	$26,678	$38,795	$42,011	$28,793	$37,088	$45,314	$23,929	$35,827	$98,495			**$431,311**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$531,459**	**$322,290**	**$447,378**	**$380,437**	**$299,375**	**$445,238**	**$529,147**	**$482,822**	**$395,110**	**$923,039**			**$4,756,293**
	Total Premiums		**$451,888**	**$452,062**	**$452,227**	**$448,456**	**$447,167**	**$444,703**	**$445,617**	**$438,115**	**$437,695**	**$877,111**			**$4,895,041**
Benefit Package 030	**Employees**		**521**	**520**	**520**	**519**	**517**	**516**	**516**	**516**	**517**	**1,008**	**917**	**918**	**625**
	Members		**1,075**	**1,078**	**1,076**	**1,063**	**1,054**	**1,048**	**1,046**	**1,042**	**1,041**	**2,095**	**1,922**	**1,915**	**1,288**
	Claims	Inpatient	$93,541	$83,159	$157,056	$150,644	$219,903	$41,536	$346,478	$91,831	$30,159	$244,448	$287,785	$217,317	**$1,963,855**
		Outpatient	$6,578	$24,523	$26,628	$26,061	$22,506	$25,178	$36,342	$24,929	$16,012	$28,987	$73,096	$71,849	**$382,689**
		ER	$21,650	$7,303	$11,980	$7,983	$10,118	$11,204	$10,060	$6,318	$13,988	$23,852	$47,929	$27,977	**$200,362**
		Prof Svcs	$26,871	$40,566	$39,213	$61,750	$57,519	$34,093	$54,595	$33,838	$17,841	$92,526	$61,688	$81,616	**$602,116**
		Other	$201,928	$160,542	$199,153	$205,447	$196,054	$166,569	$249,229	$230,861	$169,435	$392,496	$352,216	$363,230	**$2,887,160**
		Pharmacy	$50,912	$41,085	$52,466	$41,142	$47,140	$37,673	$35,096	$53,890	$38,380	$80,549	$73,354	$73,063	**$624,749**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$401,480**	**$357,177**	**$486,497**	**$493,027**	**$553,239**	**$316,252**	**$731,801**	**$441,667**	**$285,814**	**$862,857**	**$896,068**	**$835,051**	**$6,660,930**
	Total Premiums		**$484,253**	**$479,104**	**$485,904**	**$483,412**	**$480,432**	**$475,448**	**$477,373**	**$471,116**	**$474,304**	**$1,007,325**	**$1,018,244**	**$875,774**	**$7,212,691**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 031	**Employees**		**853**	**846**	**845**	**848**	**848**	**846**	**842**	**839**	**838**	**1,690**	**823**	**827**	**912**
	Members		**1,668**	**1,659**	**1,647**	**1,648**	**1,650**	**1,643**	**1,636**	**1,625**	**1,626**	**3,310**	**1,537**	**1,542**	**1,766**
	Claims	Inpatient	$156,763	$151,960	$96,955	$70,470	$202,862	$308,032	$38,937	$21,702	$147,459	$269,840	$207,541	$88,071	**$1,760,592**
		Outpatient	$20,582	$23,738	$57,718	$33,485	$41,070	$29,035	$95,044	$24,520	$17,068	$61,090	$25,094	$80,974	**$509,417**
		ER	$19,800	$9,069	$19,926	$36,567	$22,121	$8,060	$26,502	$12,630	$13,148	$63,177	$31,705	$25,966	**$288,671**
		Prof Svcs	$40,364	$19,131	$50,375	$52,765	$58,101	$59,306	$68,787	$34,646	$41,570	$101,908	$45,310	$58,715	**$630,980**
		Other	$293,824	$258,814	$284,160	$295,012	$270,300	$276,483	$301,756	$282,157	$259,637	$622,418	$286,625	$310,726	**$3,741,912**
		Pharmacy	$80,220	$55,945	$57,200	$58,900	$52,597	$65,343	$54,826	$66,591	$59,334	$131,045	$59,197	$64,158	**$805,356**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$611,553**	**$518,658**	**$566,334**	**$547,199**	**$647,051**	**$746,260**	**$585,851**	**$442,245**	**$538,215**	**$1,249,476**	**$655,473**	**$628,612**	**$7,736,927**
	Total Premiums		**$748,777**	**$736,781**	**$742,931**	**$741,638**	**$741,635**	**$737,047**	**$733,792**	**$730,632**	**$732,777**	**$1,487,770**	**$770,115**	**$763,064**	**$9,666,958**
Benefit Package 032	**Employees**		**300**	**299**	**299**	**300**	**300**	**301**	**300**	**298**	**296**	**605**			**330**
	Members		**674**	**675**	**675**	**674**	**675**	**676**	**669**	**666**	**660**	**1,346**			**739**
	Claims	Inpatient	$94,979	$42,977	$16,242	$24,309	$67,291	$90,003	$90,499	$0	$55,843	$92,638			**$574,783**
		Outpatient	$12,429	$9,784	$5,644	$11,682	$12,746	$4,662	$26,054	$5,145	$3,723	$39,684			**$131,553**
		ER	$6,043	$5,446	$4,126	$13,976	$704	$7,294	$0	$2,086	$12,578	$14,787			**$67,040**
		Prof Svcs	$55,720	$15,472	$4,469	$15,822	$46,369	$14,209	$19,433	$32,271	$10,678	$27,084			**$241,528**
		Other	$129,649	$106,526	$95,421	$109,964	$100,041	$97,266	$114,718	$111,480	$96,939	$222,274			**$1,184,278**
		Pharmacy	$21,612	$21,267	$22,820	$22,303	$21,320	$18,613	$31,787	$13,865	$19,233	$43,156			**$235,977**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$320,432**	**$201,472**	**$148,723**	**$198,055**	**$248,471**	**$232,048**	**$282,492**	**$164,846**	**$198,995**	**$439,624**			**$2,435,158**
	Total Premiums		**$278,072**	**$276,335**	**$278,044**	**$277,234**	**$275,542**	**$276,595**	**$276,326**	**$273,824**	**$274,169**	**$568,361**			**$3,054,501**
Benefit Package 033	**Employees**		**245**	**246**	**245**	**246**	**245**	**244**	**245**	**247**	**245**	**499**			**271**
	Members		**418**	**419**	**418**	**417**	**412**	**409**	**410**	**412**	**408**	**845**			**457**
	Claims	Inpatient	$81,402	$13,826	$0	$115,782	$22,854	$56,278	$0	$46,713	$0	$106,861			**$443,716**
		Outpatient	$15,770	$6,600	$16,078	$3,146	$5,325	$5,984	$29,496	$11,814	$2,752	$26,893			**$123,858**
		ER	$14,173	$2,808	$2,273	$3,263	$9,055	$6,790	$12,167	$5,427	$10,475	$70,318			**$136,750**
		Prof Svcs	$16,278	$3,935	$3,685	$14,243	$11,061	$21,130	$11,036	$10,748	$4,245	$34,095			**$130,457**
		Other	$105,001	$88,451	$83,554	$91,351	$76,820	$72,839	$69,740	$89,862	$71,527	$209,445			**$958,590**
		Pharmacy	$14,948	$9,075	$34,401	$44,749	$32,527	$16,219	$19,521	$14,267	$18,937	$28,569			**$233,212**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$247,573**	**$124,695**	**$139,991**	**$272,534**	**$157,642**	**$179,240**	**$141,960**	**$178,831**	**$107,936**	**$476,180**			**$2,026,583**
	Total Premiums		**$195,263**	**$195,797**	**$195,405**	**$195,206**	**$194,602**	**$193,151**	**$194,430**	**$195,030**	**$193,380**	**$418,820**			**$2,171,084**
Benefit Package 034	**Employees**		**107**	**105**	**108**	**108**	**108**	**107**	**108**	**106**	**105**	**217**			**118**
	Members		**199**	**197**	**200**	**199**	**199**	**198**	**196**	**187**	**184**	**397**			**216**
	Claims	Inpatient	$15,517	$70,618	$0	$46,127	$91,368	$12,576	$24,209	$25,662	$0	$0			**$286,077**
		Outpatient	$22,209	$617	$8,032	$41,539	$1,071	$8,754	$13,576	$18,354	$4,409	$5,038			**$123,598**
		ER	$11,632	$3,474	$10,304	$6,257	$277	$11,942	$19,580	$6,598	$0	$430			**$70,495**
		Prof Svcs	$14,005	$9,800	$5,810	$9,796	$21,361	$6,027	$10,864	$11,470	$1,186	$3,019			**$93,338**
		Other	$36,709	$37,260	$43,322	$50,155	$50,809	$47,092	$58,379	$39,891	$19,685	$56,827			**$440,129**
		Pharmacy	$6,026	$5,390	$5,535	$5,417	$4,114	$8,447	$5,696	$4,544	$4,645	$11,387			**$61,201**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$106,099**	**$127,159**	**$73,003**	**$159,292**	**$168,999**	**$94,838**	**$132,305**	**$106,520**	**$29,925**	**$76,699**			**$1,074,838**
	Total Premiums		**$87,456**	**$89,596**	**$92,595**	**$92,312**	**$89,764**	**$90,737**	**$91,610**	**$88,789**	**$88,375**	**$181,650**			**$992,885**
Benefit Package 038	**Employees**		**126**	**126**	**126**	**128**	**129**	**129**	**129**	**129**	**130**	**231**			**138**
	Members		**287**	**285**	**282**	**285**	**291**	**291**	**290**	**293**	**292**	**525**			**312**
	Claims	Inpatient	$15,774	$17,162	$8,651	$8,789	$139,539	$0	$0	$9,733	$51,683	$7,382			**$258,713**
		Outpatient	$2,781	$1,079	$2,817	$3,284	$6,661	$5,382	$22,687	$6,649	$18,136	$19,904			**$89,381**
		ER	$4,910	$541	$6,077	$8,835	$4,227	$1,115	$5,618	$7,316	$4,023	$7,308			**$49,970**
		Prof Svcs	$17,370	$15,534	$13,357	$4,777	$17,891	$1,935	$6,655	$1,170	$12,391	$13,415			**$104,496**
		Other	$54,941	$67,928	$76,197	$72,858	$75,535	$43,157	$56,456	$62,781	$45,303	$85,143			**$640,298**
		Pharmacy	$9,843	$5,177	$8,983	$9,731	$9,291	$8,120	$9,759	$13,323	$9,956	$13,727			**$97,910**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$105,619**	**$107,421**	**$116,080**	**$108,274**	**$253,143**	**$59,708**	**$101,175**	**$100,974**	**$141,493**	**$146,880**			**$1,240,767**
	Total Premiums		**$123,722**	**$120,733**	**$122,226**	**$124,000**	**$117,022**	**$125,499**	**$124,970**	**$125,844**	**$126,613**	**$230,971**			**$1,341,598**
Benefit Package 039	**Employees**		**225**	**225**	**224**	**224**	**224**	**221**	**221**	**220**	**219**	**241**			**224**
	Members		**447**	**447**	**443**	**440**	**439**	**434**	**433**	**431**	**425**	**555**			**449**
	Claims	Inpatient	$29,921	$69,418	$23,115	$11,267	$174,642	$22,295	$13,958	$15,333	$0	-$29,326			**$330,622**
		Outpatient	$6,869	$15,742	$2,346	$35,482	$13,345	$1,955	$1,722	$19,723	$14,418	$8,900			**$120,503**
		ER	$9,658	$1,567	$7,414	$10,834	$2,693	$9,284	$3,950	$12,055	$8,497	$15,082			**$81,036**
		Prof Svcs	$15,969	$24,819	$10,846	$5,305	$24,875	$8,566	$9,301	$17,997	$9,804	$23,971			**$151,453**
		Other	$105,721	$97,633	$73,335	$80,268	$80,640	$72,486	$68,375	$68,659	$66,875	$124,344			**$838,334**
		Pharmacy	$26,756	$19,876	$18,309	$28,808	$18,289	$18,922	$23,064	$27,486	$14,331	$35,195			**$231,037**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$194,895**	**$229,054**	**$135,365**	**$171,965**	**$314,485**	**$133,508**	**$120,370**	**$161,253**	**$113,924**	**$178,166**			**$1,752,985**
	Total Premiums		**$189,165**	**$191,337**	**$189,857**	**$189,215**	**$188,558**	**$187,419**	**$186,685**	**$184,182**	**$184,479**	**$220,810**			**$1,911,707**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 040	**Employees**		**115**	**115**	**115**	**115**	**114**	**114**	**113**	**111**	**111**	**72**	**56**	**55**	**101**
	Members		**153**	**153**	**153**	**153**	**152**	**152**	**151**	**149**	**152**	**96**	**77**	**76**	**135**
	Claims	Inpatient	$11,842	$97,376	$39,859	$22,699	$34,891	$31,268	$0	$6,899	$5,256	$29,789	$0	$0	**$279,878**
		Outpatient	$7,963	$2,828	$10,082	$12,351	$30,482	$33,654	$9,074	$2,562	$2,421	$4,978	$2,961	$17,226	**$136,580**
		ER	$2,825	$1,101	$6,960	$2,570	$0	$2,670	$1,656	$2,523	$7,297	$267	$1,142	$1,314	**$30,326**
		Prof Svcs	$38,673	$44,773	$40,483	$48,584	$46,315	$40,584	$41,320	$52,568	$37,615	$27,692	$23,547	$15,944	**$458,098**
		Other	$117	$547	$585	$2,407	$380	$1,166	$528	$2,370	$2,148	$154	$430	$464	**$11,296**
		Pharmacy	$18,594	$14,127	$18,017	$21,717	$27,295	$14,629	$21,285	$21,024	$24,274	$13,885	$7,574	$8,592	**$211,011**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$80,013**	**$160,751**	**$115,987**	**$110,327**	**$139,363**	**$123,970**	**$73,863**	**$87,945**	**$79,010**	**$76,764**	**$35,654**	**$43,540**	**$1,127,188**
	Total Premiums		**$110,860**	**$110,860**	**$110,860**	**$110,860**	**$110,076**	**$110,076**	**$109,292**	**$107,662**	**$108,774**	**$69,806**	**$60,452**	**$59,511**	**$1,179,089**
Benefit Package 043	**Employees**		**24**	**24**	**24**	**24**	**24**	**24**	**24**	**24**	**23**				**24**
	Members		**28**	**28**	**28**	**28**	**28**	**28**	**28**	**28**	**27**				**28**
	Claims	Inpatient	$0	$0	$0	$28,660	$29,580	$0	$0	$0	$0				**$58,240**
		Outpatient	$0	$0	$0	$280	$0	$516	$648	$2,030	$0				**$3,474**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$568				**$568**
		Prof Svcs	$3,272	$3,294	$5,016	$10,898	$9,741	$5,821	$6,963	$6,055	$3,860				**$54,921**
		Other	$0	$0	$9	$0	$2,132	$0	$638	$90	$401				**$3,269**
		Pharmacy	$5,690	$6,997	$5,254	$5,149	$4,072	$4,847	$5,947	$6,415	$6,849				**$51,220**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$8,962**	**$10,291**	**$10,279**	**$44,987**	**$45,525**	**$11,185**	**$14,196**	**$14,590**	**$11,677**				**$171,692**
	Total Premiums		**$20,671**	**$20,671**	**$20,671**	**$20,671**	**$20,671**	**$20,671**	**$20,671**	**$20,671**	**$19,887**				**$185,256**
Benefit Package 044	**Employees**		**499**	**502**	**500**	**500**	**503**	**505**	**503**	**500**	**503**	**509**	**515**	**518**	**505**
	Members		**848**	**852**	**847**	**841**	**847**	**855**	**855**	**846**	**854**	**879**	**886**	**898**	**859**
	Claims	Inpatient	$41,191	$29,056	$13,435	$15,531	$45,306	$113,633	$85,618	$22,636	$205,169	$72,176	$160,624	$125,786	**$930,162**
		Outpatient	$66,225	$85,920	$114,740	$131,806	$107,499	$144,822	$164,475	$141,391	$121,902	$101,738	$96,266	$128,438	**$1,405,221**
		ER	$9,044	$15,982	$7,248	$3,311	$6,110	$7,901	$3,137	$10,268	$5,583	$5,390	$8,613	$8,484	**$91,070**
		Prof Svcs	$103,576	$114,165	$132,965	$128,591	$138,520	$141,411	$178,891	$174,772	$143,786	$178,202	$141,327	$183,721	**$1,759,929**
		Other	$1,522	$17,272	$2,061	$2,182	$6,663	$3,619	$8,970	$2,685	$2,977	$4,891	$3,866	$7,632	**$64,341**
		Pharmacy	$102,883	$83,358	$107,343	$115,510	$123,301	$88,216	$115,589	$132,420	$95,583	$103,609	$127,384	$96,003	**$1,291,199**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$324,440**	**$345,753**	**$377,793**	**$396,931**	**$427,399**	**$499,601**	**$556,680**	**$484,172**	**$575,000**	**$466,006**	**$538,080**	**$550,065**	**$5,541,922**
	Total Premiums		**$387,316**	**$389,516**	**$388,379**	**$386,609**	**$389,017**	**$390,948**	**$390,599**	**$386,837**	**$389,805**	**$391,828**	**$396,268**	**$399,790**	**$4,686,914**
Benefit Package 045	**Employees**		**109**	**109**	**109**	**108**	**107**	**108**	**107**	**107**	**107**	**57**			**103**
	Members		**168**	**167**	**169**	**169**	**167**	**168**	**167**	**165**	**166**	**77**			**158**
	Claims	Inpatient	$15,798	$40,233	$11,842	$58,065	$0	$0	$85,069	$0	$86,741	$0			**$297,748**
		Outpatient	$2,724	$2,895	$36,968	$1,501	$7,590	$14,696	$19,054	$4,926	$524	$2,835			**$93,713**
		ER	$3,328	$2,880	$0	$9,126	$1,861	$1,365	$0	$5,127	$2,085	$767			**$26,538**
		Prof Svcs	$20,406	$22,492	$33,263	$33,446	$19,993	$28,765	$26,095	$32,194	$22,654	$14,572			**$253,879**
		Other	$749	$0	$302	$5,550	$143	$396	$75	$464	$1,241	$299			**$9,217**
		Pharmacy	$16,158	$15,629	$17,564	$18,092	$17,306	$16,902	$16,903	$17,910	$17,147	$12,908			**$166,517**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$59,163**	**$84,127**	**$99,938**	**$125,779**	**$46,892**	**$62,124**	**$147,195**	**$60,620**	**$130,392**	**$31,381**			**$847,613**
	Total Premiums		**$93,223**	**$93,223**	**$93,838**	**$93,390**	**$92,384**	**$93,083**	**$92,384**	**$92,052**	**$92,727**	**$44,330**			**$880,634**
Benefit Package 046	**Employees**		**94**	**94**	**93**	**94**	**94**	**95**	**95**	**94**	**94**	**58**	**85**	**84**	**90**
	Members		**174**	**174**	**170**	**171**	**172**	**172**	**172**	**171**	**171**	**111**	**129**	**128**	**160**
	Claims	Inpatient	$0	$0	$11,117	$9,249	$41,301	$0	$5,369	$0	$13,025	$9,079	$27,168	$0	**$116,308**
		Outpatient	$0	$1,214	$43,137	$12,853	$12,488	$31,624	$9,483	$1,616	$5,802	$14,462	$11,564	$16,463	**$160,707**
		ER	$437	$1,667	$1,201	$625	$60	$0	$5,362	$1,263	$467	$8,262	$0	$6,946	**$26,291**
		Prof Svcs	$17,696	$17,443	$25,760	$26,137	$20,181	$13,391	$30,115	$20,875	$19,560	$28,901	$17,112	$16,652	**$253,823**
		Other	$0	$0	$212	$357	$0	$300	$619	$517	$91	$40	$378	$75	**$2,590**
		Pharmacy	$13,304	$7,566	$8,473	$9,861	$10,369	$5,232	$8,136	$10,639	$11,679	$6,914	$21,400	$19,021	**$132,593**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$31,437**	**$27,890**	**$89,901**	**$59,081**	**$84,400**	**$50,548**	**$59,084**	**$34,909**	**$50,625**	**$67,658**	**$77,621**	**$59,157**	**$692,311**
	Total Premiums		**$79,475**	**$79,475**	**$77,943**	**$78,577**	**$78,877**	**$79,210**	**$79,210**	**$78,577**	**$78,577**	**$53,342**	**$75,216**	**$74,462**	**$912,940**
Benefit Package 047	**Employees**		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**1**			**17**
	Members		**31**	**31**	**31**	**31**	**31**	**31**	**31**	**31**	**31**	**1**			**28**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$9,412	$0			**$9,412**
		Outpatient	$41	$2,125	$0	$0	$323	$363	$252	$28	$265	$0			**$3,397**
		ER	$0	$160	$0	$0	$356	$0	$0	$0	$0	$0			**$516**
		Prof Svcs	$6,512	$4,301	$4,735	$3,490	$8,533	$4,396	$5,514	$4,217	$6,004	$150			**$47,853**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$166	$0			**$166**
		Pharmacy	$2,619	$1,278	$2,034	$2,861	$1,069	$2,213	$3,315	$1,136	$3,435	$870			**$20,829**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$9,172**	**$7,863**	**$6,769**	**$6,351**	**$10,282**	**$6,972**	**$9,082**	**$5,380**	**$19,283**	**$1,020**			**$82,174**
	Total Premiums		**$16,543**	**$16,543**	**$16,543**	**$16,543**	**$16,543**	**$16,543**	**$16,543**	**$16,543**	**$16,543**	**$699**			**$149,587**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 048	**Employees**		**29**	**29**	**29**	**28**	**28**	**28**	**28**	**28**	**28**	**2**	**3**	**3**	**22**
	Members		**54**	**54**	**54**	**53**	**54**	**54**	**54**	**54**	**54**	**5**	**6**	**6**	**42**
	Claims	Inpatient	$0	$0	$0	$0	$7,674	$0	$0	$0	$7,210	$0	$0	$0	**$14,884**
		Outpatient	$0	$0	$55	$3,555	$0	$18,483	$14,289	$3,059	$239	$123	$0	$123	**$39,926**
		ER	$0	$0	$34	$0	$0	$1,212	$792	$0	$0	$0	$0	$0	**$2,038**
		Prof Svcs	$5,093	$4,294	$2,922	$4,935	$5,966	$6,795	$8,833	$4,907	$7,861	$751	$480	$577	**$53,416**
		Other	$0	$0	$0	$0	$0	$0	$212	$0	$0	$0	$0	$0	**$212**
		Pharmacy	$3,187	$4,039	$6,432	$4,309	$4,644	$4,517	$4,694	$6,599	$6,329	$736	$1,743	$1,520	**$48,749**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$8,280**	**$8,333**	**$9,443**	**$12,800**	**$18,284**	**$31,006**	**$28,820**	**$14,565**	**$21,639**	**$1,610**	**$2,223**	**$2,221**	**$159,225**
	Total Premiums		**$22,055**	**$22,055**	**$22,055**	**$21,421**	**$21,700**	**$21,700**	**$21,700**	**$21,700**	**$21,700**	**$2,166**	**$3,599**	**$3,599**	**$205,449**
Benefit Package 049	**Employees**		**34**	**34**	**34**	**34**	**33**	**33**	**33**	**33**	**33**	**27**	**25**	**25**	**32**
	Members		**54**	**54**	**54**	**54**	**53**	**53**	**53**	**53**	**53**	**40**	**34**	**34**	**49**
	Claims	Inpatient	$0	$20,561	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$20,561**
		Outpatient	$1,277	$5,702	$0	$74	$0	$1,852	$807	$1,947	$3,440	$11,734	$0	$1,183	**$28,016**
		ER	$0	$14	$0	$0	$0	$720	$0	$872	$109	$1,147	$0	$0	**$2,862**
		Prof Svcs	$11,185	$14,882	$12,205	$11,249	$7,201	$10,998	$5,641	$5,411	$3,568	$7,190	$4,345	$4,024	**$97,898**
		Other	$1,798	$9,915	$3,867	$2,996	$2,072	$11,006	$7,180	$4,190	$1,491	$1,994	$1,983	$349	**$48,841**
		Pharmacy	$2,125	$2,897	$2,970	$2,274	$2,584	$2,845	$2,167	$3,909	$2,636	$1,601	$2,887	$1,374	**$30,269**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$16,385**	**$53,971**	**$19,042**	**$16,593**	**$11,857**	**$27,421**	**$15,795**	**$16,329**	**$11,244**	**$23,666**	**$9,215**	**$6,930**	**$228,447**
	Total Premiums		**$31,129**	**$31,129**	**$31,129**	**$31,129**	**$30,375**	**$30,375**	**$30,375**	**$30,375**	**$30,375**	**$26,914**	**$23,520**	**$23,520**	**$350,345**
Benefit Package 050	**Employees**		**55**	**57**	**58**	**57**	**57**	**56**	**56**	**56**	**56**	**58**	**56**	**56**	**57**
	Members		**159**	**163**	**166**	**162**	**162**	**161**	**162**	**161**	**161**	**149**	**142**	**142**	**158**
	Claims	Inpatient	$0	$0	$0	$0	$23,710	$0	$0	$2,808	$6,920	$0	$8,699	$0	**$42,137**
		Outpatient	$3,703	$3,389	$439	$1,019	$11,027	$0	$891	$0	$105	$13,510	$6,232	$1,392	**$41,707**
		ER	$0	$0	$0	$1,353	$797	$531	$0	$232	$1,546	$0	$441	$245	**$5,145**
		Prof Svcs	$20,009	$14,350	$18,186	$10,582	$27,021	$42,374	$19,169	$35,923	$21,265	$19,444	$16,717	$4,483	**$249,522**
		Other	$15,389	$13,491	$28,354	$15,955	$1,374	$2,655	$750	$1,455	$4,961	$5,758	$2,124	$608	**$92,874**
		Pharmacy	$3,835	$3,760	$7,730	$2,847	$3,421	$6,078	$4,173	$14,708	$7,659	$3,598	$7,803	$8,382	**$73,994**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$42,936**	**$34,990**	**$54,709**	**$31,756**	**$67,350**	**$51,638**	**$24,983**	**$55,126**	**$42,456**	**$42,310**	**$42,016**	**$15,110**	**$505,379**
	Total Premiums		**$44,508**	**$45,648**	**$46,292**	**$45,648**	**$45,648**	**$45,152**	**$45,152**	**$45,152**	**$45,152**	**$49,439**	**$46,727**	**$46,727**	**$551,245**
Benefit Package 051	**Employees**		**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**8**	**5**	**5**	**5**	**8**
	Members		**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**11**	**8**	**8**	**8**	**11**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$371	$133	$0	$198	$0	$0	$0	$0	$0	$0	**$702**
		ER	$0	$0	$0	$0	$0	$394	$0	$0	$0	$0	$0	$0	**$394**
		Prof Svcs	$1,120	$1,269	$1,293	$239	$816	$673	$1,854	$2,117	$1,434	$1,966	$629	$2,927	**$16,337**
		Other	$48	$62	$354	$42	$0	$663	$102	$602	$0	$37	$4	$82	**$1,996**
		Pharmacy	$92	$590	$535	$261	$276	$662	$286	$964	$535	$433	$571	$143	**$5,348**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,260**	**$1,921**	**$2,553**	**$675**	**$1,092**	**$2,590**	**$2,242**	**$3,683**	**$1,969**	**$2,436**	**$1,204**	**$3,152**	**$24,777**
	Total Premiums		**$9,790**	**$9,790**	**$9,790**	**$9,790**	**$9,790**	**$9,790**	**$9,790**	**$9,790**	**$9,790**	**$6,669**	**$6,669**	**$6,669**	**$108,117**
Benefit Package 052	**Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$20	$713	$103	$0	$0	**$836**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$1,014	$670	$182	$1,802	$1,659	$3,443	$607	$859	$382	$637	$688	$284	**$12,226**
		Other	$141	$2,791	$0	$7,664	$2,896	$1,579	$0	$3,980	$732	$273	$2,883	$0	**$22,939**
		Pharmacy	$109	$238	$0	$5	$0	$20	$142	$113	$0	$119	$0	$0	**$746**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,264**	**$3,699**	**$182**	**$9,471**	**$4,555**	**$5,042**	**$749**	**$4,972**	**$1,827**	**$1,132**	**$3,571**	**$284**	**$36,747**
	Total Premiums		**$2,374**	**$2,374**	**$2,374**	**$2,374**	**$2,374**	**$2,374**	**$2,374**	**$2,374**	**$2,374**	**$2,707**	**$2,707**	**$2,707**	**$29,487**
Benefit Package 053	**Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Members		**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**				**6**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$22,629	$0	$0				**$22,629**
		Outpatient	$11,968	$0	$0	$0	$0	$41	$0	$0	$0				**$12,009**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
		Prof Svcs	$8,951	$1,213	$521	$2,011	$768	$8,137	$369	$760	$157				**$22,888**
		Other	$891	$119	$0	$639	$611	$606	$572	$317	$180				**$3,935**
		Pharmacy	$15	$76	$55	$210	$89	$41	$61	$46	$143				**$736**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0				**$0**
	Total Claims		**$21,825**	**$1,408**	**$576**	**$2,860**	**$1,468**	**$8,825**	**$23,631**	**$1,123**	**$480**				**$62,197**
	Total Premiums		**$3,474**	**$3,474**	**$3,474**	**$3,474**	**$3,474**	**$3,474**	**$3,474**	**$3,474**	**$3,474**				**$31,266**

Washington State Office of the Insurance Commissioner
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Exhibit A9f
Experience Reports by Benefit Package — Monthly
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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 056	**Employees**		**80**	**81**	**80**	**79**	**79**	**79**	**79**	**78**	**78**	**79**	**78**	**79**	**79**
	Members		**193**	**193**	**193**	**192**	**192**	**192**	**192**	**187**	**187**	**184**	**178**	**181**	**189**
	Claims	Inpatient	$0	$0	$22,358	$0	$6,296	$0	$0	$2,400	$418	$0	$0	$19,459	**$50,931**
		Outpatient	$2,801	$2,359	$396	$2,549	$2,852	$611	$6,020	$12,970	$2,305	$1,117	$1,665	$4,994	**$40,639**
		ER	$3,904	$0	$2,319	$789	$4,486	$3,432	$847	$5,412	$1,349	$2,163	$5,213	$0	**$29,914**
		Prof Svcs	$41,410	$20,833	$26,453	$12,676	$18,164	$21,865	$25,097	$21,881	$14,256	$25,891	$35,795	$22,677	**$286,999**
		Other	$3,375	$2,495	$1,828	$1,375	$4,092	$3,766	$4,084	$4,739	$3,534	$7,492	$2,721	$5,892	**$45,393**
		Pharmacy	$5,675	$5,340	$7,030	$5,671	$6,098	$4,973	$6,092	$7,684	$6,195	$6,866	$6,474	$2,737	**$70,835**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$57,165**	**$31,027**	**$60,384**	**$23,060**	**$41,988**	**$34,647**	**$42,140**	**$55,086**	**$28,057**	**$43,529**	**$51,868**	**$55,759**	**$524,711**
	Total Premiums		**$66,013**	**$67,392**	**$66,933**	**$66,276**	**$66,276**	**$66,276**	**$66,276**	**$66,276**	**$63,123**	**$71,693**	**$69,827**	**$66,238**	**$802,599**
Benefit Package 057	**Employees**		**15**	**15**	**15**	**15**	**15**	**15**	**16**	**17**	**17**	**16**	**16**	**16**	**16**
	Members		**40**	**39**	**39**	**39**	**39**	**39**	**40**	**41**	**41**	**33**	**33**	**33**	**38**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$25,093	$0	**$25,093**
		Outpatient	$43	$0	$0	$10	$86	$95	$709	$0	$1,011	$111	$1,827	$0	**$3,892**
		ER	$0	$0	$0	$0	$195	$1,554	$323	$0	$0	$0	$899	$0	**$2,971**
		Prof Svcs	$1,256	$1,354	$1,141	$2,944	$1,836	$3,326	$2,034	$4,909	$5,405	$5,980	$22,732	$3,391	**$56,308**
		Other	$146	$225	$2,691	$1,294	$1,847	$466	$865	$1,568	$139	$1,030	$1,473	$143	**$11,887**
		Pharmacy	$333	$588	$1,745	$589	$842	$651	$1,231	$1,485	$485	$1,241	$2,229	$0	**$11,419**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,778**	**$2,167**	**$5,577**	**$4,837**	**$4,806**	**$6,092**	**$5,162**	**$7,962**	**$7,040**	**$8,362**	**$54,253**	**$3,534**	**$111,570**
	Total Premiums		**$10,861**	**$10,278**	**$10,278**	**$10,278**	**$10,278**	**$10,278**	**$10,808**	**$10,808**	**$11,868**	**$12,388**	**$10,188**	**$11,809**	**$130,120**
Benefit Package 058	**Employees**		**38**	**38**	**37**	**36**	**35**	**35**	**35**	**34**	**35**	**39**	**38**	**41**	**37**
	Members		**101**	**101**	**98**	**94**	**92**	**91**	**90**	**88**	**92**	**104**	**103**	**108**	**97**
	Claims	Inpatient	$0	$23,412	$0	$0	$0	$0	$0	$31,515	$14,850	$0	$0	$0	**$69,777**
		Outpatient	$0	$806	$0	$0	$114	$0	$0	$0	$0	$9,838	$0	$2,342	**$13,100**
		ER	$0	$0	$0	$0	$0	$388	$0	$0	$0	$0	$0	$0	**$388**
		Prof Svcs	$5,737	$8,682	$5,843	$1,607	$4,280	$4,140	$4,059	$4,718	$5,533	$3,562	$4,512	$3,358	**$56,031**
		Other	$156	$2,729	$0	$579	$131	$1,586	$77	$4,277	$1,828	$89	$281	$0	**$11,733**
		Pharmacy	$731	$737	$2,134	$637	$478	$278	$385	$196	$324	$421	$412	$652	**$7,385**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$6,624**	**$36,366**	**$7,977**	**$2,823**	**$5,003**	**$6,392**	**$4,521**	**$40,706**	**$22,535**	**$13,910**	**$5,205**	**$6,352**	**$158,414**
	Total Premiums		**$29,069**	**$29,069**	**$27,705**	**$27,151**	**$26,256**	**$26,256**	**$26,256**	**$25,318**	**$25,702**	**$29,199**	**$33,577**	**$33,856**	**$339,414**
Benefit Package 059	**Employees**		**108**	**108**	**107**	**106**	**105**	**105**	**105**	**104**	**103**	**117**	**324**	**321**	**143**
	Members		**153**	**153**	**153**	**150**	**149**	**153**	**154**	**152**	**151**	**174**	**534**	**530**	**217**
	Claims	Inpatient	$0	$122,888	$0	$11,289	$37,773	$96,636	$817	$34,486	$0	$624	$24,591	$0	**$329,104**
		Outpatient	$2,108	$14,813	$7,138	$5,517	$15,499	$0	$8,781	$33,792	$1,361	$1,341	$95,088	$26,225	**$211,663**
		ER	$1,691	$1,349	$1,130	$1,620	$994	$940	$2,695	$402	$150	$2	$822	$2,887	**$14,682**
		Prof Svcs	$43,125	$22,492	$28,860	$27,971	$31,583	$40,613	$33,700	$43,498	$18,988	$19,812	$49,159	$75,354	**$435,153**
		Other	$32,525	$15,143	$37,042	$25,659	$25,332	$33,498	$22,587	$16,746	$14,355	$10,253	$45,291	$41,764	**$320,195**
		Pharmacy	$9,499	$7,336	$14,025	$8,115	$9,405	$7,551	$11,145	$10,560	$7,381	$7,350	$49,478	$41,771	**$183,616**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$88,948**	**$184,021**	**$88,195**	**$80,171**	**$120,586**	**$179,238**	**$79,725**	**$139,484**	**$42,235**	**$39,382**	**$264,429**	**$188,001**	**$1,494,413**
	Total Premiums		**$85,738**	**$85,071**	**$85,071**	**$84,404**	**$83,737**	**$83,737**	**$83,737**	**$83,147**	**$82,822**	**$97,228**	**$280,682**	**$278,727**	**$1,414,101**
Benefit Package 060	**Employees**		**72**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**94**	**358**	**359**	**122**
	Members		**145**	**144**	**144**	**144**	**144**	**141**	**140**	**139**	**139**	**169**	**630**	**633**	**226**
	Claims	Inpatient	$43,584	$47,023	$60,199	$0	$22,373	$0	$0	$0	$0	$0	$5,820	$1,159	**$180,158**
		Outpatient	$26,389	$5,724	$1,375	$15,311	$25,490	$13,465	$1,427	$21,381	$435	$3,595	$22,998	$18,093	**$155,683**
		ER	$254	$1,101	$672	$1,310	$1,114	$56	$99	$965	$908	$1,373	$698	$0	**$8,550**
		Prof Svcs	$52,458	$27,730	$34,487	$18,145	$24,573	$22,318	$29,770	$29,259	$22,716	$22,312	$37,133	$51,595	**$372,497**
		Other	$28,757	$10,823	$16,085	$9,342	$26,584	$13,091	$10,625	$6,473	$12,806	$18,269	$15,101	$6,014	**$173,970**
		Pharmacy	$16,955	$5,646	$10,422	$5,007	$4,411	$4,969	$6,864	$9,181	$3,664	$5,963	$27,244	$18,428	**$118,754**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$168,397**	**$98,047**	**$123,240**	**$49,115**	**$104,545**	**$53,899**	**$48,785**	**$67,259**	**$40,529**	**$51,512**	**$108,994**	**$95,289**	**$1,009,612**
	Total Premiums		**$65,078**	**$64,835**	**$64,835**	**$64,835**	**$64,835**	**$63,982**	**$63,372**	**$63,372**	**$63,372**	**$82,639**	**$297,324**	**$296,429**	**$1,254,908**
Benefit Package 061	**Employees**		**43**	**43**	**43**	**43**	**44**	**44**	**44**	**44**	**45**	**73**	**73**	**73**	**51**
	Members		**102**	**103**	**103**	**103**	**104**	**104**	**104**	**104**	**105**	**140**	**140**	**138**	**113**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$12	$123	$1,333	$1,863	$0	$0	$125	$0	$3,504	$559	$182	**$7,701**
		ER	$0	$633	$0	$0	$593	$0	$0	$56	$216	$0	$193	$0	**$1,691**
		Prof Svcs	$5,886	$5,668	$6,656	$5,491	$9,377	$9,601	$4,152	$11,268	$8,532	$11,991	$9,667	$6,679	**$94,968**
		Other	$1,472	$676	$1,585	$985	$983	$580	$7,311	$3,193	$2,012	$2,415	$1,457	$927	**$23,596**
		Pharmacy	$1,953	$3,325	$3,573	$3,231	$4,301	$2,825	$3,157	$4,910	$4,955	$2,495	$2,995	$3,292	**$41,012**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$9,311**	**$10,314**	**$11,937**	**$11,040**	**$17,117**	**$13,006**	**$14,620**	**$19,552**	**$15,715**	**$20,405**	**$14,871**	**$11,080**	**$168,968**
	Total Premiums		**$34,337**	**$34,930**	**$34,930**	**$35,990**	**$35,459**	**$35,459**	**$35,459**	**$35,459**	**$35,459**	**$57,871**	**$57,631**	**$57,390**	**$490,374**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 062	**Employees**		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**19**	**19**	**33**	**261**	**266**	**62**
	Members		**47**	**47**	**47**	**47**	**47**	**47**	**47**	**46**	**46**	**73**	**599**	**606**	**142**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$138	$0	$19,291	$0	$192	$157	$0	$0	$0	$0	$2	$519	**$20,299**
		ER	$0	$0	$0	$0	$0	$0	$767	$28	$0	$0	$761	$632	**$2,188**
		Prof Svcs	$4,200	$3,093	$5,168	$2,484	$4,042	$3,534	$6,529	$6,099	$2,889	$3,291	$21,946	$45,210	**$108,485**
		Other	$1,654	$0	$1,597	$65	$918	$955	$1,086	$330	$310	$839	$214	$20,816	**$28,784**
		Pharmacy	$881	$1,059	$702	$1,776	$1,403	$1,118	$729	$2,626	$1,085	$23	$6,364	$10,061	**$27,827**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$6,873**	**$4,152**	**$26,758**	**$4,325**	**$6,555**	**$5,764**	**$9,111**	**$9,083**	**$4,284**	**$4,153**	**$29,287**	**$77,238**	**$187,583**
	Total Premiums		**$16,906**	**$16,906**	**$16,906**	**$16,906**	**$16,906**	**$16,906**	**$16,906**	**$16,397**	**$16,397**	**$29,660**	**$188,043**	**$190,864**	**$559,703**
Benefit Package 063	**Employees**		**861**	**865**	**870**	**877**	**877**	**877**	**882**	**885**	**886**	**1,437**	**1,460**	**1,476**	**1,021**
	Members		**1,612**	**1,614**	**1,621**	**1,632**	**1,631**	**1,628**	**1,637**	**1,644**	**1,650**	**2,347**	**2,381**	**2,407**	**1,817**
	Claims	Inpatient	$44,137	$117,339	$44,062	$26,422	$98,240	$187,380	$10,370	$247,684	$44,805	$445,292	$101,611	$101,342	**$1,468,684**
		Outpatient	$48,439	$32,893	$62,214	$70,645	$75,112	$40,976	$83,372	$85,024	$72,425	$86,259	$90,861	$48,845	**$797,065**
		ER	$9,320	$11,956	$14,182	$5,517	$18,818	$10,046	$7,876	$15,078	$7,959	$7,801	$16,601	$9,641	**$134,795**
		Prof Svcs	$231,747	$253,731	$251,486	$267,210	$346,453	$244,481	$297,161	$443,637	$222,855	$300,964	$409,145	$423,148	**$3,692,018**
		Other	$73,315	$66,539	$97,417	$60,411	$100,883	$70,234	$130,151	$108,076	$94,855	$100,926	$84,880	$69,197	**$1,056,884**
		Pharmacy	$92,374	$69,358	$102,625	$67,238	$70,911	$69,685	$79,686	$112,742	$72,176	$87,405	$123,740	$103,517	**$1,051,457**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$499,332**	**$551,816**	**$571,986**	**$497,443**	**$710,417**	**$622,802**	**$608,616**	**$1,012,241**	**$515,075**	**$1,028,647**	**$826,838**	**$755,690**	**$8,200,903**
	Total Premiums		**$703,904**	**$703,487**	**$707,999**	**$711,758**	**$712,586**	**$711,176**	**$715,441**	**$717,794**	**$720,109**	**$1,122,341**	**$1,138,100**	**$1,151,683**	**$9,816,378**
Benefit Package 064	**Employees**		**194**	**194**	**195**	**195**	**195**	**196**	**197**	**198**	**197**	**195**	**195**	**195**	**196**
	Members		**441**	**439**	**438**	**433**	**432**	**435**	**434**	**437**	**436**	**434**	**432**	**436**	**436**
	Claims	Inpatient	$5,475	$12,562	$7,355	$305	$12,554	$0	$0	$67,938	$33,822	$2,098	$46,455	$3,866	**$192,430**
		Outpatient	$4,712	$18,867	$19,478	$12,480	$13,061	$8,855	$22,659	$20,054	$5,385	$7,995	$6,191	$4,637	**$144,374**
		ER	$2,039	$2,034	$1,915	$989	$1,245	$182	$3,769	$632	$829	$0	$5,141	$5,340	**$24,115**
		Prof Svcs	$53,607	$55,558	$47,469	$44,751	$45,975	$47,931	$54,321	$113,338	$64,949	$60,327	$62,994	$33,523	**$684,744**
		Other	$6,438	$25,937	$26,613	$17,950	$21,212	$21,086	$15,486	$28,022	$31,343	$10,296	$23,515	$12,301	**$240,199**
		Pharmacy	$8,756	$16,773	$12,154	$14,209	$17,670	$14,501	$12,283	$19,103	$8,680	$8,779	$11,473	$8,917	**$153,298**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$81,027**	**$131,731**	**$114,984**	**$90,684**	**$111,717**	**$92,555**	**$108,518**	**$249,087**	**$145,008**	**$89,495**	**$155,769**	**$68,584**	**$1,439,160**
	Total Premiums		**$167,454**	**$168,878**	**$169,235**	**$167,885**	**$167,885**	**$168,715**	**$168,751**	**$169,345**	**$168,751**	**$171,037**	**$170,831**	**$171,074**	**$2,029,841**
Benefit Package 065	**Employees**		**1,191**	**1,190**	**1,185**	**1,183**	**1,181**	**1,183**	**1,175**	**1,189**	**1,193**	**1,217**	**1,413**	**1,413**	**1,226**
	Members		**2,936**	**2,945**	**2,936**	**2,935**	**2,940**	**2,945**	**2,928**	**2,974**	**2,972**	**3,037**	**3,452**	**3,471**	**3,039**
	Claims	Inpatient	$325,882	$325,447	$112,552	$367,895	$176,545	$241,094	$209,454	$429,717	$201,156	$253,882	$284,678	$122,759	**$3,051,061**
		Outpatient	$185,806	$155,069	$202,598	$226,700	$272,385	$232,480	$219,354	$331,739	$215,715	$232,113	$202,992	$198,337	**$2,675,288**
		ER	$28,136	$34,753	$33,276	$29,406	$37,807	$17,868	$52,988	$56,886	$56,910	$78,562	$33,517	$68,834	**$528,943**
		Prof Svcs	$187,319	$144,928	$186,225	$188,124	$222,528	$187,784	$238,246	$278,323	$182,585	$256,845	$255,221	$209,405	**$2,537,535**
		Other	$112,386	$75,355	$172,382	$119,174	$132,286	$138,593	$142,245	$175,308	$174,535	$155,770	$126,459	$115,693	**$1,640,186**
		Pharmacy	$107,221	$98,523	$150,565	$117,883	$110,675	$123,991	$119,307	$174,745	$106,842	$119,715	$117,745	$105,050	**$1,452,262**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$946,750**	**$834,075**	**$857,598**	**$1,049,182**	**$952,226**	**$941,810**	**$981,594**	**$1,446,718**	**$937,743**	**$1,096,887**	**$1,020,612**	**$820,078**	**$11,885,275**
	Total Premiums		**$1,188,862**	**$1,191,687**	**$1,187,286**	**$1,186,967**	**$1,186,157**	**$1,188,346**	**$1,180,023**	**$1,195,009**	**$1,195,228**	**$1,217,902**	**$1,387,799**	**$1,394,870**	**$14,700,136**
Benefit Package 066	**Employees**		**778**	**778**	**785**	**788**	**791**	**796**	**795**	**794**	**789**	**811**	**822**	**836**	**797**
	Members		**1,817**	**1,811**	**1,834**	**1,843**	**1,844**	**1,849**	**1,847**	**1,849**	**1,832**	**1,843**	**1,853**	**1,884**	**1,842**
	Claims	Inpatient	$99,871	$75,937	$9,602	$75,284	$36,891	$61,767	$98,474	$112,541	$67,648	$83,568	$70,857	$77,518	**$869,959**
		Outpatient	$50,402	$40,670	$80,890	$70,578	$92,462	$72,410	$44,368	$96,123	$120,111	$46,074	$53,565	$67,115	**$834,768**
		ER	$20,893	$5,826	$53,121	-$25,714	$22,434	$45,127	$13,044	$18,754	$13,300	$33,633	$42,107	$24,876	**$267,399**
		Prof Svcs	$90,413	$94,194	$104,820	$85,459	$150,342	$113,001	$146,131	$192,426	$104,324	$135,870	$137,465	$142,573	**$1,497,017**
		Other	$78,402	$74,052	$105,928	$72,933	$89,226	$77,352	$110,373	$121,359	$94,098	$97,150	$103,319	$91,839	**$1,116,030**
		Pharmacy	$64,413	$76,207	$72,937	$78,008	$67,013	$78,537	$99,853	$85,714	$95,459	$88,104	$95,612	$92,294	**$994,152**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$404,394**	**$366,887**	**$427,299**	**$356,548**	**$458,367**	**$448,194**	**$512,242**	**$626,918**	**$494,940**	**$484,399**	**$502,924**	**$496,214**	**$5,579,325**
	Total Premiums		**$633,479**	**$626,976**	**$637,575**	**$636,516**	**$641,062**	**$640,716**	**$640,685**	**$640,364**	**$644,682**	**$643,571**	**$656,814**	**$676,207**	**$7,718,647**
Benefit Package 067	**Employees**		**1,201**	**1,204**	**1,211**	**1,209**	**1,206**	**1,204**	**1,205**	**1,208**	**1,206**	**1,270**	**1,332**	**1,344**	**1,233**
	Members		**2,598**	**2,607**	**2,618**	**2,616**	**2,605**	**2,595**	**2,595**	**2,609**	**2,596**	**2,743**	**2,841**	**2,852**	**2,656**
	Claims	Inpatient	$13,713	$178,858	$146,480	$148,769	$110,742	$180,865	$163,001	$153,402	$279,601	$67,485	$38,584	$181,106	**$1,662,608**
		Outpatient	$79,314	$62,701	$59,475	$91,868	$113,510	$85,105	$98,270	$126,454	$100,099	$89,203	$85,152	$97,637	**$1,088,789**
		ER	$14,726	$32,672	$12,382	$7,762	$13,279	$13,710	$9,193	$19,069	$17,826	$24,613	$33,608	$14,833	**$213,673**
		Prof Svcs	$190,629	$215,377	$207,925	$267,992	$249,396	$236,354	$271,373	$276,639	$240,606	$216,352	$183,231	$285,534	**$2,841,408**
		Other	$123,583	$123,284	$132,649	$147,918	$165,907	$130,398	$178,906	$170,597	$141,008	$138,723	$109,855	$109,229	**$1,672,057**
		Pharmacy	$93,027	$62,609	$57,911	$85,807	$80,893	$99,125	$77,978	$98,976	$102,080	$107,704	$99,840	$94,685	**$1,060,635**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$514,992**	**$675,501**	**$616,822**	**$750,117**	**$733,728**	**$745,558**	**$798,721**	**$845,137**	**$881,219**	**$644,080**	**$550,272**	**$783,024**	**$8,539,170**
	Total Premiums		**$920,236**	**$925,820**	**$935,285**	**$929,778**	**$924,237**	**$913,002**	**$922,004**	**$923,482**	**$919,654**	**$1,024,087**	**$1,057,298**	**$1,073,336**	**$11,468,218**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 068	**Employees**		**523**	**526**	**528**	**529**	**529**	**529**	**529**	**531**	**529**	**514**	**518**	**522**	**526**
	Members		**1,194**	**1,194**	**1,198**	**1,202**	**1,207**	**1,207**	**1,205**	**1,217**	**1,215**	**1,190**	**1,192**	**1,192**	**1,201**
	Claims	Inpatient	$42,241	$31,206	$30,332	$97,144	$26,579	$61,901	$124,915	$133,831	$77,237	$28,527	$32,667	$61,768	**$748,348**
		Outpatient	$39,253	$36,527	$34,746	$31,271	$72,733	$80,557	$93,151	$56,659	$29,309	$73,116	$62,246	$64,809	**$674,379**
		ER	$10,251	$16,964	$20,629	$19,648	$26,472	$6,739	$18,373	$4,834	$10,859	$26,840	$24,760	$14,582	**$200,951**
		Prof Svcs	$130,546	$144,637	$138,308	$134,224	$151,866	$157,303	$196,495	$192,993	$88,010	$128,858	$157,202	$143,693	**$1,764,135**
		Other	$66,655	$104,706	$75,970	$84,255	$103,016	$86,600	$91,800	$105,019	$86,934	$95,899	$85,344	$104,285	**$1,090,482**
		Pharmacy	$42,468	$43,254	$68,537	$62,580	$41,323	$47,212	$65,528	$64,031	$52,506	$54,712	$52,397	$54,777	**$649,324**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$331,413**	**$377,294**	**$368,521**	**$429,123**	**$421,989**	**$440,312**	**$590,263**	**$557,367**	**$344,856**	**$407,952**	**$414,616**	**$443,914**	**$5,127,619**
	Total Premiums		**$530,099**	**$526,109**	**$525,785**	**$527,750**	**$532,437**	**$531,551**	**$530,915**	**$533,323**	**$533,259**	**$522,717**	**$520,080**	**$522,813**	**$6,336,837**
Benefit Package 069	**Employees**		**1,096**	**1,097**	**1,097**	**1,093**	**1,096**	**1,097**	**1,095**	**1,086**	**1,084**	**1,119**	**1,137**	**1,138**	**1,103**
	Members		**2,001**	**2,006**	**2,002**	**2,008**	**2,013**	**2,017**	**2,018**	**1,993**	**1,983**	**1,994**	**2,011**	**2,012**	**2,005**
	Claims	Inpatient	$163,455	$224,519	$154,905	$207,044	$178,035	$106,466	$154,342	$210,472	$407,036	$190,061	$115,166	$119,788	**$2,231,289**
		Outpatient	$92,138	$51,018	$77,059	$61,768	$170,292	$78,209	$176,740	$135,513	$89,513	$112,360	$80,970	$44,692	**$1,170,273**
		ER	$22,495	$15,271	$24,430	$7,914	$25,442	$17,453	$30,369	$15,657	$19,089	$32,339	$2,018	$27,722	**$240,197**
		Prof Svcs	$203,105	$185,209	$196,838	$210,717	$269,786	$247,188	$274,152	$309,613	$191,483	$262,383	$186,873	$206,472	**$2,743,819**
		Other	$120,544	$138,170	$131,119	$130,271	$140,976	$126,894	$145,017	$196,546	$121,591	$249,845	$134,809	$98,265	**$1,734,047**
		Pharmacy	$100,720	$108,459	$94,456	$113,119	$103,061	$111,223	$113,392	$120,491	$103,291	$67,640	$73,930	$64,174	**$1,173,957**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$702,457**	**$722,646**	**$678,807**	**$730,833**	**$887,592**	**$687,433**	**$894,012**	**$988,293**	**$932,002**	**$914,628**	**$593,765**	**$561,113**	**$9,293,582**
	Total Premiums		**$915,135**	**$925,041**	**$923,239**	**$916,683**	**$922,976**	**$921,288**	**$920,611**	**$911,080**	**$913,533**	**$1,011,081**	**$1,027,161**	**$1,016,839**	**$11,324,666**
Benefit Package 070	**Employees**		**515**	**505**	**507**	**506**	**506**	**505**	**505**	**501**	**499**	**498**	**501**	**501**	**504**
	Members		**752**	**734**	**733**	**730**	**729**	**726**	**730**	**721**	**715**	**702**	**705**	**702**	**723**
	Claims	Inpatient	$94,239	$26,107	$467,803	$655,987	$242,264	$0	$110,565	$192,238	$68,265	$89,480	$59,698	$39,429	**$2,046,075**
		Outpatient	$113,003	$63,015	$104,206	$182,900	$163,772	$58,934	$96,178	$78,862	$76,678	$115,060	$54,122	$80,963	**$1,187,693**
		ER	$23,157	$30,478	$24,416	$16,732	$27,533	$12,233	$14,892	$20,094	$24,643	$10,470	$16,298	$5,716	**$226,662**
		Prof Svcs	$105,397	$92,576	$105,467	$77,599	$84,091	$88,645	$111,682	$90,994	$71,392	$60,077	$58,212	$68,870	**$1,015,001**
		Other	$51,223	$32,936	$64,099	$27,865	$46,465	$37,815	$38,494	$41,707	$32,811	$34,441	$38,615	$29,988	**$476,460**
		Pharmacy	$38,336	$44,811	$46,056	$49,517	$44,927	$50,206	$61,694	$42,298	$61,921	$45,531	$34,386	$48,781	**$568,463**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$425,355**	**$289,923**	**$812,047**	**$1,010,602**	**$609,052**	**$247,832**	**$433,505**	**$466,193**	**$335,708**	**$355,061**	**$261,331**	**$273,747**	**$5,520,354**
	Total Premiums		**$388,054**	**$372,388**	**$376,468**	**$373,283**	**$370,562**	**$375,304**	**$374,860**	**$370,012**	**$369,375**	**$365,682**	**$370,129**	**$363,566**	**$4,469,685**
Benefit Package 071	**Employees**		**4,543**	**4,542**	**4,541**	**4,529**	**4,517**	**4,502**	**4,493**	**4,470**	**4,470**	**4,381**	**4,292**	**4,304**	**4,465**
	Members		**8,861**	**8,848**	**8,838**	**8,814**	**8,773**	**8,734**	**8,724**	**8,671**	**8,664**	**8,328**	**8,008**	**8,008**	**8,606**
	Claims	Inpatient	$445,905	$344,790	$469,489	$562,928	$596,224	$854,673	$669,132	$819,629	$449,333	$369,999	$398,130	$344,137	**$6,324,368**
		Outpatient	$618,762	$442,583	$585,510	$518,443	$698,787	$575,536	$633,889	$660,594	$799,133	$474,518	$586,870	$428,727	**$7,023,351**
		ER	$146,559	$114,324	$176,445	$41,929	$242,790	$114,770	$132,522	$94,841	$127,384	$131,008	$91,973	$97,854	**$1,512,398**
		Prof Svcs	$901,995	$792,298	$901,619	$973,062	$983,568	$863,610	$1,049,880	$1,166,161	$898,484	$862,516	$767,812	$802,546	**$10,963,550**
		Other	$598,515	$480,469	$580,528	$507,716	$542,419	$470,049	$689,448	$672,946	$561,540	$540,216	$434,536	$457,653	**$6,536,034**
		Pharmacy	$356,040	$337,542	$338,725	$367,505	$371,477	$331,816	$383,058	$384,552	$409,225	$366,062	$373,167	$379,708	**$4,398,877**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$3,067,776**	**$2,512,005**	**$3,052,315**	**$2,971,583**	**$3,435,264**	**$3,210,454**	**$3,557,928**	**$3,798,722**	**$3,245,101**	**$2,744,318**	**$2,652,486**	**$2,510,625**	**$36,758,578**
	Total Premiums		**$3,811,404**	**$3,810,953**	**$3,798,935**	**$3,791,165**	**$3,777,250**	**$3,764,971**	**$3,759,641**	**$3,734,785**	**$3,735,673**	**$3,905,471**	**$3,777,299**	**$3,785,587**	**$45,453,136**
Benefit Package 072	**Employees**		**3,609**	**3,608**	**3,617**	**3,622**	**3,630**	**3,635**	**3,634**	**3,620**	**3,618**	**3,197**	**3,224**	**3,228**	**3,520**
	Members		**6,833**	**6,818**	**6,840**	**6,849**	**6,855**	**6,865**	**6,873**	**6,831**	**6,828**	**5,699**	**5,712**	**5,701**	**6,559**
	Claims	Inpatient	$673,383	$300,170	$447,829	$786,407	$497,099	$457,593	$353,352	$381,933	$476,562	$405,961	$673,632	$549,772	**$6,003,693**
		Outpatient	$336,528	$233,301	$199,860	$255,666	$345,185	$225,327	$245,564	$462,189	$367,738	$206,173	$350,242	$369,849	**$3,597,622**
		ER	$68,919	$75,831	$85,841	$47,726	$70,190	$112,842	$72,985	$61,882	$70,952	$90,123	$127,676	$71,848	**$956,815**
		Prof Svcs	$755,575	$625,225	$740,291	$787,684	$884,971	$684,436	$817,682	$811,934	$747,428	$685,418	$637,020	$575,413	**$8,753,076**
		Other	$379,088	$366,552	$383,258	$428,833	$496,837	$379,789	$470,069	$505,350	$429,392	$477,047	$391,486	$342,519	**$5,050,219**
		Pharmacy	$275,827	$216,627	$220,859	$279,793	$275,340	$272,516	$291,044	$258,841	$265,123	$252,394	$171,078	$236,684	**$3,016,126**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$2,489,321**	**$1,817,706**	**$2,077,938**	**$2,586,110**	**$2,569,621**	**$2,132,504**	**$2,250,694**	**$2,482,129**	**$2,357,195**	**$2,117,116**	**$2,351,133**	**$2,146,084**	**$27,377,551**
	Total Premiums		**$2,990,733**	**$2,984,495**	**$2,990,284**	**$2,983,674**	**$2,992,716**	**$2,993,019**	**$3,007,767**	**$2,972,563**	**$2,980,023**	**$2,775,901**	**$2,791,122**	**$2,775,570**	**$35,237,869**
Benefit Package 073	**Employees**		**622**	**624**	**621**	**622**	**625**	**625**	**622**	**619**	**621**	**613**	**621**	**626**	**622**
	Members		**1,504**	**1,499**	**1,485**	**1,486**	**1,491**	**1,492**	**1,486**	**1,490**	**1,498**	**1,468**	**1,491**	**1,493**	**1,490**
	Claims	Inpatient	$89,469	$57,393	$121,032	$13,234	$308,356	$44,943	$94,664	$120,534	$94,238	$209,597	$192,883	$130,740	**$1,477,082**
		Outpatient	$62,418	$53,267	$66,237	$27,693	$36,875	$142,924	$67,274	$164,973	$93,214	$33,785	$50,408	$80,863	**$879,930**
		ER	$19,730	$16,282	$10,895	$19,432	$31,349	$5,926	$15,469	$14,079	$22,870	$22,871	$7,525	$13,154	**$199,581**
		Prof Svcs	$90,961	$84,986	$85,364	$99,800	$86,060	$92,389	$103,663	$114,783	$67,995	$101,607	$95,767	$95,236	**$1,118,612**
		Other	$53,873	$56,847	$52,073	$58,677	$63,545	$38,401	$51,150	$54,970	$51,561	$80,676	$44,880	$43,441	**$650,094**
		Pharmacy	$64,596	$52,511	$54,880	$49,448	$61,803	$53,413	$49,242	$53,009	$69,710	$52,140	$65,623	$82,291	**$708,666**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$381,048**	**$321,286**	**$390,481**	**$268,284**	**$587,988**	**$377,996**	**$381,463**	**$522,348**	**$399,587**	**$500,675**	**$457,086**	**$445,724**	**$5,033,966**
	Total Premiums		**$515,126**	**$513,569**	**$510,534**	**$512,314**	**$511,933**	**$513,172**	**$508,986**	**$510,279**	**$511,145**	**$502,627**	**$509,539**	**$507,731**	**$6,126,955**

Washington State Office of the Insurance Commissioner
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Exhibit A9f
Experience Reports by Benefit Package — Monthly
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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 074	**Employees**		**2,735**	**2,746**	**2,753**	**2,751**	**2,747**	**2,748**	**2,739**	**2,727**	**2,721**	**2,866**	**2,868**	**2,872**	**2,773**
	Members		**5,065**	**5,081**	**5,079**	**5,076**	**5,072**	**5,064**	**5,051**	**5,005**	**4,984**	**4,988**	**4,935**	**4,927**	**5,027**
	Claims	Inpatient	$198,684	$198,766	$200,793	$810,285	$220,000	$346,480	$352,897	$203,488	$313,104	$118,270	$461,672	$295,764	**$3,720,203**
		Outpatient	$228,405	$195,518	$207,084	$219,026	$251,003	$203,998	$355,836	$341,942	$364,431	$292,946	$345,600	$367,623	**$3,373,413**
		ER	$33,170	$16,789	$34,488	$30,802	$50,571	$38,547	$28,361	$59,824	$33,111	$37,400	$45,507	$43,193	**$451,763**
		Prof Svcs	$399,747	$411,678	$591,408	$469,326	$554,295	$543,372	$579,981	$616,320	$391,221	$513,181	$530,841	$475,167	**$6,076,535**
		Other	$250,815	$209,642	$247,569	$235,507	$262,733	$250,028	$279,717	$288,489	$228,647	$313,623	$272,003	$236,371	**$3,075,145**
		Pharmacy	$176,806	$187,172	$180,811	$228,791	$233,379	$225,594	$300,123	$196,183	$262,080	$229,997	$219,281	$246,063	**$2,686,279**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$1,287,627**	**$1,219,565**	**$1,462,154**	**$1,993,736**	**$1,571,981**	**$1,608,019**	**$1,896,915**	**$1,706,246**	**$1,592,595**	**$1,505,417**	**$1,874,905**	**$1,664,181**	**$19,383,339**
	Total Premiums		**$2,125,394**	**$2,124,080**	**$2,131,513**	**$2,118,858**	**$2,120,212**	**$2,134,316**	**$2,113,094**	**$2,105,076**	**$2,086,330**	**$2,305,344**	**$2,307,238**	**$2,298,621**	**$25,970,075**
Benefit Package 075	**Employees**		**1,448**	**1,447**	**1,445**	**1,441**	**1,440**	**1,437**	**1,430**	**1,425**	**1,423**	**1,426**	**1,479**	**1,482**	**1,444**
	Members		**2,926**	**2,920**	**2,920**	**2,921**	**2,913**	**2,915**	**2,892**	**2,870**	**2,869**	**2,884**	**2,976**	**2,980**	**2,916**
	Claims	Inpatient	$87,832	$131,155	$336,508	$903,964	$201,020	$100,138	$549,587	$147,020	$467,172	$304,067	$71,640	$190,343	**$3,490,445**
		Outpatient	$174,233	$66,606	$154,219	$227,332	$203,990	$140,224	$211,856	$118,508	$228,409	$219,721	$148,029	$160,482	**$2,053,609**
		ER	$41,558	$33,308	$37,587	$31,071	$39,703	$41,731	$58,618	$44,724	$29,726	$73,333	$66,720	$37,267	**$535,348**
		Prof Svcs	$286,812	$282,735	$342,370	$323,575	$361,848	$368,111	$493,900	$396,900	$278,139	$329,426	$336,641	$375,510	**$4,175,968**
		Other	$183,248	$177,212	$181,951	$160,381	$281,361	$208,439	$253,913	$234,077	$183,920	$233,402	$213,753	$245,445	**$2,557,101**
		Pharmacy	$162,779	$207,818	$168,011	$210,858	$185,694	$180,417	$207,048	$207,967	$239,681	$216,276	$217,048	$194,485	**$2,398,082**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$936,462**	**$898,833**	**$1,220,646**	**$1,857,181**	**$1,273,617**	**$1,039,060**	**$1,774,922**	**$1,149,195**	**$1,427,048**	**$1,376,225**	**$1,053,830**	**$1,203,532**	**$15,210,552**
	Total Premiums		**$1,394,896**	**$1,400,775**	**$1,398,052**	**$1,392,778**	**$1,390,265**	**$1,390,287**	**$1,380,107**	**$1,375,999**	**$1,366,128**	**$1,369,081**	**$1,426,983**	**$1,423,154**	**$16,708,504**
Benefit Package 076	**Employees**		**2,981**	**2,981**	**2,986**	**2,987**	**2,988**	**2,987**	**2,985**	**2,978**	**2,980**	**2,858**	**2,754**	**2,762**	**2,936**
	Members		**5,717**	**5,717**	**5,728**	**5,727**	**5,726**	**5,715**	**5,714**	**5,702**	**5,706**	**5,424**	**5,175**	**5,191**	**5,604**
	Claims	Inpatient	$270,284	$494,156	$475,047	$463,483	$640,237	$386,016	$470,484	$395,909	$376,230	$418,910	$224,304	$490,654	**$5,105,714**
		Outpatient	$402,924	$273,979	$363,478	$223,543	$230,018	$281,564	$453,599	$341,428	$419,791	$259,173	$240,429	$317,980	**$3,807,906**
		ER	$105,510	$65,818	$70,061	$43,558	$110,012	$49,523	$65,548	$129,043	$105,908	$103,298	$104,614	$75,667	**$1,028,559**
		Prof Svcs	$664,306	$585,436	$733,622	$597,661	$747,801	$645,108	$730,874	$792,585	$559,064	$595,939	$595,946	$516,118	**$7,764,459**
		Other	$456,629	$346,655	$430,836	$362,542	$393,234	$416,417	$420,184	$419,056	$369,504	$509,164	$375,869	$333,321	**$4,833,413**
		Pharmacy	$268,431	$221,599	$224,764	$288,690	$225,556	$229,149	$258,017	$296,597	$269,669	$252,783	$227,763	$216,164	**$2,979,180**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$2,168,084**	**$1,987,643**	**$2,297,808**	**$1,979,478**	**$2,346,858**	**$2,007,776**	**$2,398,705**	**$2,374,618**	**$2,100,166**	**$2,139,268**	**$1,768,925**	**$1,949,903**	**$25,519,231**
	Total Premiums		**$2,587,811**	**$2,579,222**	**$2,578,893**	**$2,581,890**	**$2,579,147**	**$2,580,462**	**$2,573,911**	**$2,570,058**	**$2,575,000**	**$2,493,580**	**$2,416,341**	**$2,383,706**	**$30,500,021**
Benefit Package 077	**Employees**		**267**	**268**	**268**	**266**	**267**	**267**	**265**	**263**	**263**	**188**	**196**	**196**	**248**
	Members		**505**	**506**	**503**	**497**	**499**	**497**	**495**	**488**	**484**	**333**	**355**	**356**	**460**
	Claims	Inpatient	$31,107	$6,437	$74,181	$39,636	$37,384	$10,330	$47,895	$4,147	$2,012	$7,245	$1,957	$48,815	**$311,147**
		Outpatient	$50,218	$5,886	$13,477	$17,824	$9,524	$9,374	$61,606	$17,279	$27,533	$6,085	$1,014	$1,365	**$221,186**
		ER	$2,117	$5,682	$6,470	$0	$9,635	$9,887	$5,591	$4,459	$8,767	$8,044	$817	$3,210	**$64,678**
		Prof Svcs	$62,515	$38,747	$54,899	$51,810	$43,687	$63,695	$61,636	$98,777	$36,441	$21,323	$28,194	$43,103	**$604,825**
		Other	$33,916	$27,206	$38,690	$36,199	$32,333	$22,914	$30,634	$36,767	$29,742	$28,366	$20,670	$25,258	**$362,694**
		Pharmacy	$22,096	$27,474	$34,127	$26,857	$35,098	$24,143	$22,573	$19,838	$16,818	$5,512	$5,850	$5,488	**$245,872**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$201,969**	**$111,431**	**$221,844**	**$172,325**	**$167,661**	**$140,342**	**$229,934**	**$181,267**	**$121,313**	**$76,574**	**$58,502**	**$127,240**	**$1,810,402**
	Total Premiums		**$231,000**	**$233,511**	**$232,597**	**$230,473**	**$230,163**	**$231,432**	**$229,112**	**$224,867**	**$225,183**	**$159,152**	**$163,349**	**$164,063**	**$2,554,901**
Benefit Package 078	**Employees**		**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			**5**
	Members		**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			**5**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$220	$11	$16	$0	$0	$0	$0	$0	$0			**$246**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Prof Svcs	$2,259	$489	$665	$461	$315	$317	$74	$68	$0	$29			**$4,676**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$2,891	$2,947	$5,022	$530	$434	$67	$78	$14	$82	$231			**$12,297**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$5,150**	**$3,655**	**$5,698**	**$1,007**	**$748**	**$384**	**$152**	**$82**	**$82**	**$260**			**$17,219**
	Total Premiums		**$4,739**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**			**$4,739**
Benefit Package 079	**Employees**		**29,610**	**29,626**	**29,599**	**29,575**	**29,563**	**29,538**	**29,514**	**29,366**	**29,318**	**26,634**			**29,234**
	Members		**50,064**	**50,047**	**49,976**	**49,942**	**49,911**	**49,883**	**49,833**	**49,624**	**49,516**	**45,575**			**49,437**
	Claims	Inpatient	$4,215,467	$3,895,677	$4,505,986	$5,135,210	$4,368,333	$6,858,546	$5,476,075	$5,149,511	$4,900,985	$6,885,796			**$51,391,585**
		Outpatient	$5,645,504	$5,122,528	$5,476,782	$5,349,563	$5,569,179	$5,931,147	$6,825,848	$6,445,197	$5,061,723	$5,600,304			**$57,027,776**
		ER	$820,418	$728,562	$743,541	$858,096	$852,163	$806,099	$977,108	$787,211	$790,688	$774,055			**$8,137,941**
		Prof Svcs	$7,536,166	$7,196,527	$7,279,594	$7,669,249	$7,496,393	$7,633,421	$9,366,123	$9,219,097	$7,256,232	$7,396,019			**$78,048,819**
		Other	$304,709	$375,550	$258,586	$386,204	$341,291	$377,512	$331,263	$417,659	$455,768	$284,201			**$3,532,743**
		Pharmacy	$4,968,493	$4,577,900	$4,892,141	$5,002,075	$5,040,673	$5,051,944	$5,355,453	$5,367,190	$5,075,484	$4,999,381			**$50,330,736**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$23,490,757**	**$21,896,744**	**$23,156,630**	**$24,400,396**	**$23,668,032**	**$26,658,669**	**$28,331,871**	**$27,385,866**	**$23,540,880**	**$25,939,756**			**$248,469,600**
	Total Premiums		**$24,231,583**	**$24,161,017**	**$24,132,582**	**$24,119,501**	**$24,106,704**	**$24,095,177**	**$24,080,649**	**$23,966,871**	**$23,926,206**	**$21,759,549**			**$238,579,840**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 080	**Employees**		**11,981**	**12,009**	**12,030**	**12,035**	**12,045**	**12,046**	**12,019**	**11,999**	**11,990**	**11,757**			**11,991**
	Members		**25,756**	**25,838**	**25,828**	**25,830**	**25,843**	**25,819**	**25,762**	**25,737**	**25,681**	**24,924**			**25,702**
	Claims	Inpatient	$1,399,376	$1,151,601	$1,248,541	$1,734,149	$1,547,933	$1,895,025	$1,398,015	$1,475,074	$1,544,165	$1,385,566			**$14,779,446**
		Outpatient	$1,672,086	$1,603,426	$1,889,915	$1,644,309	$1,650,625	$1,797,339	$2,364,424	$2,133,153	$1,697,589	$2,176,183			**$18,629,048**
		ER	$276,483	$291,323	$355,961	$342,422	$318,307	$344,478	$334,055	$370,575	$268,958	$374,435			**$3,276,999**
		Prof Svcs	$2,403,263	$2,208,824	$2,316,027	$2,468,326	$2,461,214	$2,454,445	$2,720,606	$3,032,799	$2,264,524	$2,591,361			**$24,921,390**
		Other	$113,773	$85,458	$91,812	$124,761	$84,616	$106,230	$104,896	$122,709	$150,447	$106,419			**$1,091,122**
		Pharmacy	$1,547,455	$1,418,275	$1,517,088	$1,598,986	$1,536,155	$1,540,181	$1,783,441	$1,707,112	$1,596,116	$1,694,157			**$15,938,968**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$7,412,437**	**$6,758,909**	**$7,419,344**	**$7,912,954**	**$7,598,850**	**$8,137,698**	**$8,705,438**	**$8,841,423**	**$7,521,799**	**$8,328,121**			**$78,636,972**
	Total Premiums		**$9,820,889**	**$9,814,048**	**$9,822,081**	**$9,823,183**	**$9,827,046**	**$9,823,555**	**$9,804,473**	**$9,792,148**	**$9,781,299**	**$9,528,713**			**$97,837,434**
Benefit Package 081	**Employees**		**11,200**	**11,182**	**11,145**	**11,121**	**11,098**	**11,080**	**11,036**	**10,973**	**10,937**	**9,977**			**10,975**
	Members		**18,511**	**18,488**	**18,437**	**18,422**	**18,385**	**18,344**	**18,270**	**18,140**	**18,072**	**16,636**			**18,171**
	Claims	Inpatient	$2,030,123	$2,318,587	$2,755,796	$2,106,651	$2,283,328	$2,783,714	$3,103,884	$1,578,294	$1,739,727	$1,529,257			**$22,229,362**
		Outpatient	$2,369,016	$2,294,064	$2,694,926	$2,278,172	$2,415,065	$2,426,956	$3,018,217	$2,942,376	$2,158,302	$2,352,428			**$24,949,523**
		ER	$409,191	$316,725	$456,911	$369,005	$451,210	$414,612	$410,067	$378,143	$386,501	$298,044			**$3,890,409**
		Prof Svcs	$3,736,498	$3,470,275	$3,601,788	$3,907,618	$3,766,916	$3,678,466	$4,219,540	$4,095,541	$3,323,714	$3,661,349			**$37,461,705**
		Other	$129,945	$152,061	$119,749	$102,858	$124,930	$115,119	$144,662	$128,360	$189,362	$163,537			**$1,370,584**
		Pharmacy	$2,130,995	$2,013,334	$2,061,542	$2,137,278	$2,221,029	$2,128,182	$2,355,047	$2,353,053	$2,128,848	$2,282,274			**$21,811,582**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$10,805,769**	**$10,565,047**	**$11,690,712**	**$10,901,583**	**$11,262,479**	**$11,547,049**	**$13,251,417**	**$11,475,766**	**$9,926,454**	**$10,286,889**			**$111,713,166**
	Total Premiums		**$10,590,408**	**$10,547,322**	**$10,512,389**	**$10,492,528**	**$10,469,282**	**$10,452,042**	**$10,412,470**	**$10,353,304**	**$10,315,864**	**$9,424,251**			**$103,569,860**
Benefit Package 082	**Employees**		**67**	**66**	**66**	**66**	**65**	**65**	**65**	**65**	**65**	**47**	**42**	**42**	**60**
	Members		**93**	**91**	**91**	**90**	**89**	**89**	**89**	**89**	**89**	**62**	**56**	**56**	**82**
	Claims	Inpatient	$0	$0	$8,921	$0	$0	$0	$0	$11,363	$0	$0	$0	$0	**$20,283**
		Outpatient	$2,288	$0	$1,126	$2,809	$864	$3,198	$2,363	$2,863	$17,184	$0	$1,209	$10,132	**$44,038**
		ER	$2,048	$3,873	$0	$0	$0	$3,340	$26	$681	$3,150	$0	$1,228	$893	**$15,238**
		Prof Svcs	$23,725	$17,805	$24,916	$11,461	$19,933	$11,548	$19,339	$47,160	$13,697	$12,356	$11,331	$8,189	**$221,460**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$14,787	$6,963	$14,270	$5,993	$8,320	$14,486	$6,618	$7,898	$14,273	$6,836	$4,193	$6,550	**$111,188**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$42,847**	**$28,642**	**$49,233**	**$20,264**	**$29,118**	**$32,572**	**$28,346**	**$69,964**	**$48,305**	**$19,193**	**$17,961**	**$25,764**	**$412,208**
	Total Premiums		**$48,855**	**$47,940**	**$47,940**	**$47,940**	**$47,269**	**$47,269**	**$47,269**	**$47,269**	**$47,269**	**$34,018**	**$35,566**	**$35,566**	**$534,169**
Benefit Package 083	**Employees**		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**			**2**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**			**4**
	Claims	Inpatient	$40,039	$0	$20,207	$0	$0	$0	$0	$0	$0	$0			**$60,246**
		Outpatient	$0	$0	$1,578	$194	$0	$0	$0	$0	$0	$0			**$1,772**
		ER	$0	$0	$31	$0	$0	$0	$0	$0	$0	$0			**$31**
		Prof Svcs	$2,499	$1,755	$2,703	$1,410	$1,124	$182	$546	$2,755	$987	$5,025			**$18,988**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$343	$363	$1,757	$336	$410	$37	$482	$253	$277	$332			**$4,588**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$42,881**	**$2,118**	**$26,276**	**$1,940**	**$1,534**	**$219**	**$1,029**	**$3,008**	**$1,264**	**$5,357**			**$85,626**
	Total Premiums		**$1,487**	**$1,487**	**$1,487**	**$1,487**	**$1,487**	**$1,487**	**$1,487**	**$1,487**	**$1,487**	**$1,487**			**$14,875**
Benefit Package 084	**Employees**		**82**	**82**	**81**	**80**	**80**	**81**	**80**	**80**	**80**	**62**			**79**
	Members		**184**	**187**	**181**	**182**	**183**	**183**	**180**	**184**	**182**	**149**			**180**
	Claims	Inpatient	$17,056	$7,263	$5,439	$59,482	$7,173	$0	$0	$43,299	$11,458	$15,640			**$166,809**
		Outpatient	$2,188	$15,577	$4,242	$0	$3,701	$0	$10,052	$29,705	$4,246	$329			**$70,039**
		ER	$0	$2,942	$893	$440	$1,006	$3,307	$2,520	$10,476	$1,866	$0			**$23,450**
		Prof Svcs	$23,295	$29,881	$22,748	$16,001	$34,199	$20,610	$23,291	$45,980	$23,419	$25,598			**$265,023**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$10,790	$4,870	$10,568	$9,211	$11,341	$18,154	$17,578	$8,432	$24,424	$13,680			**$129,049**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$53,328**	**$60,533**	**$43,889**	**$85,135**	**$57,421**	**$42,071**	**$53,440**	**$137,891**	**$65,414**	**$55,248**			**$654,370**
	Total Premiums		**$54,628**	**$54,352**	**$53,649**	**$53,088**	**$53,088**	**$53,578**	**$52,816**	**$53,360**	**$53,088**	**$42,070**			**$523,717**
Benefit Package 085	**Employees**		**11**	**11**	**11**	**11**	**11**	**11**	**11**	**10**	**10**	**2**	**4**	**4**	**9**
	Members		**15**	**15**	**15**	**15**	**15**	**15**	**15**	**14**	**14**	**4**	**6**	**6**	**12**
	Claims	Inpatient	$3,498	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$3,498**
		Outpatient	$0	$0	$0	$0	$0	$2,683	$0	$0	$0	$0	$1,202	$0	**$3,886**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$5,746	$1,513	$1,493	$1,875	$1,593	$1,466	$1,811	$5,382	$1,216	$944	$2,154	$2,673	**$27,866**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$3,034	$3,562	$3,194	$3,442	$3,331	$3,388	$3,142	$6,775	$3,078	$3,344	$3,380	$2,917	**$42,588**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$12,278**	**$5,076**	**$4,686**	**$5,318**	**$4,923**	**$7,537**	**$4,953**	**$12,157**	**$4,294**	**$4,288**	**$6,736**	**$5,590**	**$77,837**
	Total Premiums		**$7,617**	**$7,617**	**$7,617**	**$7,617**	**$7,617**	**$7,617**	**$7,617**	**$7,002**	**$7,002**	**$1,456**	**$3,180**	**$3,180**	**$75,140**

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Experience Reports by Benefit Package — Monthly
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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 086	**Employees**		**29**	**29**	**29**	**29**	**28**	**28**	**28**	**28**	**28**	**29**	**42**	**42**	**31**
	Members		**90**	**90**	**89**	**90**	**85**	**85**	**85**	**80**	**80**	**81**	**107**	**113**	**90**
	Claims	Inpatient	$0	$0	$0	$4,891	$42,670	$0	$42,721	$0	$0	$6,834	$120	$0	**$97,236**
		Outpatient	$0	$0	$0	$87	$4,863	$0	$0	$0	$0	$42,286	$0	$1,559	**$48,794**
		ER	$0	$0	$0	$0	$0	$0	$0	$564	$0	$0	$0	$0	**$564**
		Prof Svcs	$1,696	$1,000	$4,018	$6,857	$8,435	$11,325	$4,012	$3,900	$32,236	$28,862	$5,589	$3,391	**$111,320**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$1,019	$1,227	$1,496	$2,503	$2,156	$1,199	$3,213	$1,898	$3,093	$979	$2,620	$3,016	**$24,418**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$2,715**	**$2,226**	**$5,513**	**$14,337**	**$58,124**	**$12,525**	**$49,945**	**$6,362**	**$35,329**	**$78,961**	**$8,328**	**$7,966**	**$282,333**
	Total Premiums		**$13,342**	**$13,342**	**$13,342**	**$13,342**	**$12,741**	**$12,741**	**$12,741**	**$12,400**	**$12,400**	**$12,824**	**$21,887**	**$21,783**	**$172,888**
Benefit Package 087	**Employees**		**189**	**189**	**190**	**191**	**191**	**190**	**190**	**189**	**188**	**179**			**189**
	Members		**273**	**273**	**275**	**274**	**274**	**272**	**271**	**271**	**269**	**258**			**271**
	Claims	Inpatient	$25,391	$15,142	$14,012	$0	$0	$9,601	$99,306	$40,903	$37,349	$0			**$241,703**
		Outpatient	$22,368	$3,040	$20,802	$13,556	$45,597	$23,335	$6,995	$16,860	$1,990	$31,031			**$185,572**
		ER	$12,584	$4,724	$6,005	$75	$10,240	$24,208	$5,240	$2,020	$3,894	$2,138			**$71,127**
		Prof Svcs	$77,210	$53,414	$83,911	$50,441	$71,533	$48,842	$70,881	$89,962	$75,122	$53,508			**$674,824**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$34,046	$20,134	$29,492	$14,676	$36,439	$29,279	$28,627	$38,388	$28,939	$30,976			**$290,995**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$171,599**	**$96,452**	**$154,221**	**$78,748**	**$163,809**	**$135,264**	**$211,049**	**$188,133**	**$147,293**	**$117,653**			**$1,464,221**
	Total Premiums		**$143,082**	**$143,082**	**$143,733**	**$143,789**	**$143,789**	**$142,876**	**$142,876**	**$142,225**	**$141,574**	**$135,843**			**$1,422,867**
Benefit Package 088	**Employees**		**75**	**75**	**74**	**74**	**74**	**74**	**73**	**73**	**73**	**65**			**73**
	Members		**99**	**99**	**95**	**95**	**95**	**95**	**94**	**94**	**94**	**84**			**94**
	Claims	Inpatient	$0	$0	$14,899	$0	$49,428	$0	$0	$0	$17,457	$0			**$81,783**
		Outpatient	$166	$218	$16,004	$8,165	$320	$0	$0	$306	$0	$6,073			**$31,251**
		ER	$0	$0	$3,467	$0	$0	$6,005	$0	$20	$0	$2,688			**$12,180**
		Prof Svcs	$12,302	$14,447	$16,790	$31,978	$18,969	$21,456	$10,136	$35,746	$12,367	$10,892			**$185,084**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$14,260	$10,531	$13,215	$10,904	$11,778	$11,567	$11,554	$9,899	$11,363	$11,379			**$116,449**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$26,729**	**$25,195**	**$64,374**	**$51,047**	**$80,496**	**$39,028**	**$21,690**	**$45,970**	**$41,187**	**$31,031**			**$426,748**
	Total Premiums		**$68,251**	**$68,251**	**$67,073**	**$67,073**	**$67,073**	**$67,073**	**$66,234**	**$66,234**	**$66,234**	**$57,988**			**$661,484**
Benefit Package 089	**Employees**		**1,381**	**1,385**	**1,375**	**1,366**	**1,363**	**1,360**	**1,361**	**1,360**	**1,356**	**1,332**			**1,364**
	Members		**2,907**	**2,901**	**2,894**	**2,875**	**2,872**	**2,864**	**2,862**	**2,859**	**2,854**	**2,783**			**2,867**
	Claims	Inpatient	$280,248	$282,012	$326,005	$170,141	$29,800	$350,761	$202,461	$395,171	$109,467	$102,591			**$2,248,657**
		Outpatient	$117,337	$246,346	$107,849	$107,491	$165,210	$251,176	$105,661	$375,120	$151,169	$239,091			**$1,866,448**
		ER	$54,939	$40,487	$61,586	$62,600	$27,652	$16,192	$23,307	$45,329	$32,967	$18,857			**$383,917**
		Prof Svcs	$368,679	$331,575	$383,400	$312,372	$403,455	$321,757	$308,779	$474,818	$300,079	$319,789			**$3,524,701**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$156,321	$131,749	$140,478	$127,091	$149,721	$141,826	$127,011	$156,889	$166,741	$146,710			**$1,444,535**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$977,524**	**$1,032,169**	**$1,019,318**	**$779,694**	**$775,837**	**$1,081,711**	**$767,218**	**$1,447,326**	**$760,422**	**$827,037**			**$9,468,258**
	Total Premiums		**$955,656**	**$954,816**	**$954,075**	**$945,531**	**$944,258**	**$943,107**	**$942,566**	**$940,985**	**$939,233**	**$920,260**			**$9,440,486**
Benefit Package 090	**Employees**		**132**	**133**	**132**	**131**	**131**	**131**	**131**	**128**	**127**	**120**			**130**
	Members		**176**	**177**	**176**	**176**	**176**	**176**	**176**	**172**	**171**	**169**			**175**
	Claims	Inpatient	$0	$42,576	$0	$14,714	$57,111	$0	$0	$34,291	$0	$8,564			**$157,256**
		Outpatient	$2,153	$1,810	$0	$17,342	$2,962	$2,115	$12,843	$2,123	$2,123	$2,718			**$46,190**
		ER	$0	$1,516	$810	$0	$1,839	$4,651	$181	$2,473	$0	$0			**$11,470**
		Prof Svcs	$40,686	$34,579	$39,573	$30,125	$37,271	$38,532	$41,666	$40,322	$24,613	$34,369			**$361,735**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$26,203	$28,314	$28,985	$18,149	$38,582	$27,740	$18,721	$30,342	$36,379	$18,597			**$272,012**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$69,042**	**$108,795**	**$69,368**	**$80,331**	**$137,765**	**$73,039**	**$73,411**	**$109,551**	**$63,115**	**$64,248**			**$848,664**
	Total Premiums		**$106,597**	**$107,918**	**$106,893**	**$106,248**	**$106,163**	**$106,163**	**$106,163**	**$103,975**	**$103,245**	**$98,808**			**$1,052,174**
Benefit Package 091	**Employees**		**57**	**60**	**61**	**60**	**60**	**60**	**60**	**60**	**60**	**60**			**60**
	Members		**135**	**142**	**143**	**141**	**142**	**141**	**141**	**140**	**140**	**143**			**141**
	Claims	Inpatient	$0	$0	$0	$0	$13,147	$0	$0	$0	$0	$0			**$13,147**
		Outpatient	$0	$0	$0	$0	$748	$0	$0	$0	$0	$0			**$748**
		ER	$40	$0	$408	$0	$0	$2,846	$0	$0	$42	$0			**$3,336**
		Prof Svcs	$1,918	$1,227	$1,677	$1,872	$13,189	$6,752	$6,380	$9,115	$6,415	$4,525			**$53,069**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$264	$227	$204	$381	$0	$194	$395	$439	$543	$715			**$3,360**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$2,222**	**$1,453**	**$2,288**	**$2,253**	**$27,084**	**$9,791**	**$6,774**	**$9,554**	**$7,000**	**$5,240**			**$73,660**
	Total Premiums		**$29,074**	**$30,208**	**$30,527**	**$29,915**	**$29,915**	**$29,915**	**$29,915**	**$29,915**	**$29,915**	**$30,093**			**$299,395**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 092	**Employees**		**597**	**596**	**592**	**591**	**586**	**587**	**583**	**576**	**576**	**520**	**157**	**154**	**510**
	Members		**830**	**830**	**821**	**823**	**811**	**814**	**808**	**795**	**789**	**675**	**222**	**218**	**703**
	Claims	Inpatient	$237,690	$127,581	$142,706	$113,338	$360,232	$94,192	$186,148	$212,159	$586,158	$122,458	$19,514	$175,335	**$2,377,512**
		Outpatient	$119,479	$41,321	$37,237	$44,877	$21,001	$29,215	$41,281	$77,404	$55,346	$75,478	$72,056	$12,703	**$627,397**
		ER	$12,468	$8,349	$42,784	$18,478	$27,580	$28,621	$21,458	$10,920	$28,390	$9,336	$3,837	$4,425	**$216,647**
		Prof Svcs	$221,972	$209,360	$278,344	$250,211	$306,067	$206,070	$251,169	$325,112	$193,814	$187,137	$95,284	$82,775	**$2,607,315**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$110,817	$78,187	$85,180	$97,905	$95,681	$79,213	$94,282	$95,916	$98,171	$92,288	$32,791	$25,272	**$985,703**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$702,427**	**$464,797**	**$586,251**	**$524,808**	**$810,561**	**$437,311**	**$594,338**	**$721,512**	**$961,880**	**$486,697**	**$223,482**	**$300,510**	**$6,814,575**
	Total Premiums		**$485,589**	**$482,185**	**$480,398**	**$479,156**	**$478,341**	**$470,762**	**$475,042**	**$467,366**	**$460,761**	**$415,210**	**$145,683**	**$144,760**	**$4,985,255**
Benefit Package 093	**Employees**		**606**	**603**	**601**	**601**	**600**	**602**	**596**	**595**	**590**	**541**	**395**	**392**	**560**
	Members		**997**	**992**	**988**	**987**	**984**	**985**	**983**	**975**	**966**	**895**	**658**	**651**	**922**
	Claims	Inpatient	$87,114	$77,597	$0	$54,502	$114,552	$41,440	$52,676	$169,613	$110,088	$29,739	$41,300	$5,934	**$784,555**
		Outpatient	$212,748	$61,159	$112,529	$80,802	$99,080	$111,480	$53,707	$66,223	$142,520	$91,109	$182,755	$93,137	**$1,307,249**
		ER	$15,455	$8,295	$12,911	$25,829	$8,783	$10,419	$8,315	$22,324	$12,986	$18,010	$16,259	$17,090	**$176,677**
		Prof Svcs	$181,509	$147,086	$183,297	$168,751	$210,619	$163,468	$177,994	$224,445	$166,827	$137,866	$172,824	$149,599	**$2,084,284**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$123,866	$88,511	$94,479	$92,254	$118,515	$96,372	$90,816	$122,365	$120,796	$106,967	$77,235	$73,556	**$1,205,733**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$620,693**	**$382,648**	**$403,217**	**$422,138**	**$551,549**	**$423,178**	**$383,508**	**$604,970**	**$553,218**	**$383,691**	**$490,372**	**$339,316**	**$5,558,498**
	Total Premiums		**$465,762**	**$463,953**	**$461,894**	**$462,704**	**$460,131**	**$462,585**	**$459,081**	**$454,730**	**$453,641**	**$415,214**	**$362,933**	**$353,987**	**$5,276,617**
Benefit Package 094	**Employees**		**103**	**101**	**101**	**101**	**102**	**102**	**102**	**103**	**103**	**114**			**103**
	Members		**259**	**257**	**257**	**256**	**257**	**256**	**256**	**253**	**254**	**266**			**257**
	Claims	Inpatient	$9,947	$5,242	$12,404	$0	$13,885	$0	$0	$14,635	$0	$14,280			**$70,392**
		Outpatient	$6,542	$427	$0	$11,486	$194	$6,535	$8,624	$16,374	$2,272	$0			**$52,454**
		ER	$3,355	$1,184	$3,709	$3,199	$2,584	$0	$0	$2,611	$6,416	$11,957			**$35,016**
		Prof Svcs	$16,404	$13,563	$22,876	$20,124	$18,635	$17,469	$13,729	$23,889	$18,771	$21,667			**$187,127**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$13,547	$8,994	$9,218	$8,969	$10,461	$13,142	$8,854	$18,018	$14,271	$14,934			**$120,409**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$49,795**	**$29,410**	**$48,207**	**$43,778**	**$45,759**	**$37,146**	**$31,207**	**$75,527**	**$41,731**	**$62,838**			**$465,398**
	Total Premiums		**$63,322**	**$62,493**	**$62,493**	**$63,235**	**$62,864**	**$63,322**	**$62,907**	**$62,165**	**$62,994**	**$64,562**			**$630,356**
Benefit Package 095	**Employees**		**442**	**441**	**442**	**440**	**442**	**440**	**439**	**444**	**441**	**446**			**442**
	Members		**855**	**846**	**850**	**845**	**844**	**836**	**830**	**835**	**831**	**816**			**839**
	Claims	Inpatient	$156,250	$56,822	$139,337	$199,237	$21,377	$14,449	$29,236	$7,964	$103,574	$35,359			**$763,605**
		Outpatient	$58,386	$78,881	$87,485	$61,553	$44,905	$67,784	$61,983	$54,427	$43,048	$16,530			**$574,983**
		ER	$2,722	$15,552	$10,091	$1,687	$20,765	$1,353	$7,710	$9,789	$3,228	$2,180			**$75,077**
		Prof Svcs	$84,393	$86,226	$141,058	$97,137	$126,924	$95,741	$114,222	$138,549	$138,420	$94,890			**$1,117,560**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$43,794	$36,731	$38,370	$46,348	$53,134	$35,683	$35,689	$62,704	$44,688	$59,919			**$457,059**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$345,545**	**$274,213**	**$416,341**	**$405,962**	**$267,104**	**$215,009**	**$248,840**	**$273,433**	**$332,958**	**$208,879**			**$2,988,283**
	Total Premiums		**$290,471**	**$288,935**	**$288,652**	**$288,405**	**$287,603**	**$287,160**	**$286,778**	**$285,571**	**$285,903**	**$281,920**			**$2,871,397**
Benefit Package 096	**Employees**		**422**	**423**	**425**	**424**	**425**	**424**	**426**	**425**	**426**	**386**			**421**
	Members		**660**	**659**	**661**	**663**	**664**	**658**	**667**	**666**	**666**	**605**			**657**
	Claims	Inpatient	$8,114	$109,367	$1,970	$17,163	$0	$19,092	$29,031	$138,202	$57,055	$33,995			**$413,990**
		Outpatient	$8,909	$32,431	$95,929	$12,245	$34,496	$13,952	$34,888	$31,861	$43,013	$28,473			**$336,196**
		ER	$6,923	$11,930	$6,338	$5,473	$6,080	$6,228	$10,976	$7,864	$5,254	$9,949			**$77,015**
		Prof Svcs	$60,845	$75,927	$90,473	$80,617	$91,924	$80,709	$88,271	$120,326	$93,970	$77,666			**$860,728**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$58,594	$43,976	$37,323	$50,024	$48,708	$45,481	$44,735	$54,152	$61,093	$33,711			**$477,798**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$143,385**	**$273,631**	**$232,034**	**$165,521**	**$181,208**	**$165,462**	**$207,901**	**$352,406**	**$260,386**	**$183,794**			**$2,165,727**
	Total Premiums		**$268,860**	**$271,865**	**$271,435**	**$271,338**	**$274,034**	**$268,288**	**$274,226**	**$272,485**	**$273,015**	**$246,781**			**$2,692,326**
Benefit Package 097	**Employees**		**216**	**214**	**213**	**213**	**212**	**211**	**212**	**211**	**209**	**197**	**123**	**121**	**196**
	Members		**303**	**297**	**292**	**292**	**291**	**289**	**293**	**290**	**286**	**273**	**160**	**155**	**268**
	Claims	Inpatient	$119,037	$18,144	$5,624	$19,748	$18,339	$20,301	$14,837	$64,464	$11,970	$0	$0	$0	**$292,464**
		Outpatient	$12,785	$15,547	$9,086	$5,791	$52,455	$13,990	$6,895	$30,914	$10,589	$47,749	$5,617	$0	**$211,419**
		ER	$0	$5,356	$1,051	$10,066	$2,883	$649	$8,932	$5,717	$16,735	$3,831	$606	$1,462	**$57,289**
		Prof Svcs	$87,188	$78,149	$99,917	$80,752	$96,077	$49,266	$55,346	$84,242	$53,077	$48,292	$79,465	$31,148	**$842,920**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$20,890	$14,435	$17,061	$18,174	$15,713	$20,086	$16,514	$21,351	$22,490	$24,091	$9,699	$10,230	**$210,735**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$239,900**	**$131,631**	**$132,739**	**$134,531**	**$185,467**	**$104,291**	**$102,525**	**$206,688**	**$114,860**	**$123,964**	**$95,388**	**$42,840**	**$1,614,826**
	Total Premiums		**$158,724**	**$156,005**	**$153,681**	**$153,674**	**$153,026**	**$152,370**	**$154,197**	**$152,691**	**$151,205**	**$142,639**	**$101,835**	**$99,667**	**$1,729,714**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 098	**Employees**		**335**	**338**	**340**	**341**	**340**	**345**	**345**	**347**	**347**	**379**	**347**	**361**	**347**
	Members		**801**	**808**	**812**	**819**	**815**	**823**	**821**	**829**	**825**	**894**	**824**	**851**	**827**
	Claims	Inpatient	$18,872	$21,534	$18,105	$24,388	$61,597	$23,308	$20,371	$1,569	$10,382	$7,391	$28,011	$19,066	**$254,594**
		Outpatient	$9,450	$15,739	$45,458	$50,997	$38,599	$28,830	$8,586	$6,932	$12,639	$23,591	$32,364	$30,942	**$304,126**
		ER	$13,930	$2,399	$5,868	$4,450	$3,524	$2,761	$6,394	$13,144	$4,133	$11,292	$17,779	$13,483	**$99,158**
		Prof Svcs	$37,066	$33,955	$93,924	$65,486	$98,571	$78,312	$92,843	$116,332	$80,631	$126,918	$156,605	$114,816	**$1,095,459**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$37,748	$25,729	$27,640	$26,319	$32,115	$28,010	$24,721	$36,097	$33,775	$38,380	$31,780	$36,600	**$378,914**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$117,066**	**$99,356**	**$190,995**	**$171,640**	**$234,406**	**$161,222**	**$152,915**	**$174,073**	**$141,560**	**$207,572**	**$266,539**	**$214,907**	**$2,132,250**
	Total Premiums		**$142,673**	**$143,767**	**$144,169**	**$144,777**	**$144,156**	**$144,797**	**$145,524**	**$145,677**	**$146,215**	**$158,651**	**$174,925**	**$179,736**	**$1,815,067**
Benefit Package 099	**Employees**		**14**	**15**	**14**	**14**	**14**	**14**	**14**	**14**	**12**	**15**			**14**
	Members		**35**	**38**	**36**	**36**	**36**	**36**	**36**	**36**	**32**	**37**			**36**
	Claims	Inpatient	$0	$2,132	$0	$0	$0	$0	$0	$0	$0	$0			**$2,132**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		ER	$313	$379	$8	$0	$1,384	$0	$19	$0	$0	$0			**$2,103**
		Prof Svcs	$327	$2,328	$66	$0	$165	$565	$1,209	$748	$639	$1,930			**$7,978**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$30	$0	$0	$0	$5	$3	$3	$258	$144	$299			**$742**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$670**	**$4,840**	**$74**	**$0**	**$1,554**	**$568**	**$1,231**	**$1,006**	**$783**	**$2,229**			**$12,955**
	Total Premiums		**$5,809**	**$6,758**	**$5,961**	**$5,961**	**$5,961**	**$5,961**	**$5,961**	**$5,961**	**$4,930**	**$5,728**			**$58,989**
Benefit Package 100	**Employees**		**18**	**18**	**18**	**18**	**18**	**18**	**18**	**19**	**19**	**23**	**26**	**27**	**20**
	Members		**49**	**49**	**49**	**49**	**49**	**49**	**49**	**52**	**52**	**71**	**82**	**86**	**57**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$2,679	$0	$0	$0	$0	**$2,679**
		ER	$0	$0	$0	$0	$0	$2,544	$0	$496	$0	$0	$0	$0	**$3,040**
		Prof Svcs	$175	$1,390	$165	$558	$1,203	$2,304	$856	$4,430	$480	$2,429	$1,610	$929	**$16,529**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$90	$43	$83	$26	$18	$277	$70	$108	$77	$28	$91	$62	**$973**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$265**	**$1,433**	**$248**	**$584**	**$1,221**	**$5,125**	**$926**	**$7,713**	**$558**	**$2,456**	**$1,701**	**$992**	**$23,221**
	Total Premiums		**$8,127**	**$8,127**	**$8,127**	**$8,127**	**$8,127**	**$8,127**	**$8,127**	**$8,127**	**$8,713**	**$10,785**	**$13,895**	**$13,895**	**$112,306**
Benefit Package 104	**Employees**		**260**	**260**	**263**	**264**	**268**	**269**	**271**	**275**	**273**	**300**			**270**
	Members		**664**	**667**	**669**	**672**	**677**	**677**	**677**	**695**	**692**	**769**			**686**
	Claims	Inpatient	$49,484	$1,218	$1,612	$8,685	$26,602	$6,336	$35,271	$12,540	$17,692	$12,152			**$171,591**
		Outpatient	$3,731	$40,837	$22,604	$40,634	$32,637	$11,830	$2,976	$13,700	$14,642	$6,107			**$189,698**
		ER	$4,392	$7,346	$6,942	$4,649	$7,759	$2,271	$3,131	$16,225	$823	$19,936			**$73,473**
		Prof Svcs	$29,616	$38,062	$38,449	$29,707	$41,253	$38,409	$50,604	$54,482	$36,830	$33,853			**$391,265**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$37,430	$24,676	$27,670	$16,169	$29,347	$31,078	$17,889	$38,095	$26,154	$33,984			**$282,492**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$124,653**	**$112,138**	**$97,278**	**$99,843**	**$137,598**	**$89,925**	**$109,871**	**$135,041**	**$96,140**	**$106,031**			**$1,108,518**
	Total Premiums		**$141,778**	**$140,457**	**$142,439**	**$142,883**	**$144,174**	**$144,341**	**$144,507**	**$148,635**	**$147,481**	**$162,242**			**$1,458,936**
Benefit Package 108	**Employees**		**241**	**238**	**237**	**236**	**233**	**233**	**230**	**228**	**225**	**219**			**232**
	Members		**359**	**356**	**353**	**348**	**342**	**343**	**336**	**330**	**325**	**322**			**341**
	Claims	Inpatient	$182,453	$4,687	$53,161	$4,278	$4,693	$0	$27,903	$77,110	$23	$115,841			**$470,149**
		Outpatient	$58,829	$37,249	$28,859	$24,373	$8,098	$2,181	$0	$54,222	$35,112	$18,698			**$267,621**
		ER	$15,067	$15,281	$7,493	$20,453	$6,358	$4,137	$3,487	$20,029	$12,901	$7,815			**$113,020**
		Prof Svcs	$75,843	$79,795	$92,923	$84,570	$95,528	$70,775	$88,707	$91,088	$73,309	$89,827			**$842,364**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$55,360	$49,914	$42,459	$36,852	$46,958	$42,540	$43,152	$58,102	$52,464	$42,138			**$469,941**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$387,551**	**$186,926**	**$224,895**	**$170,525**	**$161,635**	**$119,633**	**$163,250**	**$300,551**	**$173,810**	**$274,320**			**$2,163,095**
	Total Premiums		**$219,410**	**$214,993**	**$212,659**	**$213,174**	**$209,922**	**$210,963**	**$206,154**	**$204,850**	**$201,598**	**$198,485**			**$2,092,207**
Benefit Package 110	**Employees**		**143**	**139**	**141**	**140**	**134**	**141**	**143**	**141**	**141**	**142**			**141**
	Members		**201**	**198**	**200**	**199**	**191**	**199**	**200**	**195**	**195**	**199**			**198**
	Claims	Inpatient	$33,908	$11,079	$0	$35,383	$20,931	$25,122	$0	$46,234	$41,358	$41,299			**$255,315**
		Outpatient	$5,906	$822	$8,970	$24,387	$209	$10,182	$1,109	$31,507	$19,098	$21,750			**$123,939**
		ER	$3,467	$1,378	$1,328	$8,905	$1,147	$845	$1,515	$6,385	$329	$800			**$26,100**
		Prof Svcs	$47,861	$40,912	$44,244	$37,528	$44,892	$38,431	$31,695	$52,764	$41,931	$54,907			**$435,164**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$15,579	$15,034	$18,367	$12,944	$10,341	$10,697	$15,458	$11,683	$14,191	$12,472			**$136,766**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$106,720**	**$69,225**	**$72,908**	**$119,147**	**$77,520**	**$85,277**	**$49,778**	**$148,573**	**$116,907**	**$131,229**			**$977,284**
	Total Premiums		**$104,142**	**$101,335**	**$102,907**	**$102,289**	**$101,774**	**$98,646**	**$104,142**	**$101,540**	**$101,540**	**$101,578**			**$1,019,893**

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Experience Reports by Benefit Package — Monthly
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 111	**Employees**		**265**	**265**	**265**	**263**	**263**	**264**	**262**	**276**	**273**	**261**			**266**
	Members		**385**	**381**	**381**	**379**	**375**	**380**	**376**	**405**	**388**	**371**			**382**
	Claims	Inpatient	$18,347	$0	$56,231	$79,517	$17,541	$37,024	$7,890	$393,964	$1,184	$0			**$611,697**
		Outpatient	$7,419	$67,025	$62,151	$133,238	$19,221	$0	$34,877	$28,141	$0	$40,914			**$392,986**
		ER	$12,940	$5,889	$3,907	$1,036	$16,681	$1,380	$13,557	$4,199	$7,905	$11,396			**$78,890**
		Prof Svcs	$116,285	$50,219	$112,893	$56,879	$113,892	$72,889	$88,464	$105,066	$50,166	$73,025			**$839,779**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$27,979	$17,376	$20,226	$22,666	$21,616	$22,099	$21,155	$25,294	$31,790	$24,417			**$234,618**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$182,970**	**$140,508**	**$255,409**	**$293,336**	**$188,951**	**$133,392**	**$165,943**	**$556,664**	**$91,045**	**$149,752**			**$2,157,970**
	Total Premiums		**$180,559**	**$178,151**	**$179,036**	**$177,895**	**$176,789**	**$178,151**	**$176,057**	**$187,366**	**$183,286**	**$180,118**			**$1,797,407**
Benefit Package 113	**Employees**		**35**	**38**	**35**	**35**	**35**	**35**	**35**	**33**	**33**	**33**			**35**
	Members		**42**	**55**	**42**	**41**	**41**	**41**	**41**	**39**	**39**	**38**			**42**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$9,179	$8,881	$8,767	$9,264	$9,734	$9,734	$9,734	$20,653	$2,723	$18,716			**$107,386**
		ER	$0	$1,728	$0	$2,984	$6,251	$2,874	$2,169	$0	$0	$0			**$16,007**
		Prof Svcs	$3,623	$2,654	$4,561	$4,606	$8,192	$8,764	$9,494	$16,592	$6,229	$6,855			**$71,571**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$3,614	$3,136	$2,806	$3,722	$8,180	$6,398	$9,042	$9,334	$8,115	$9,918			**$64,263**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$16,416**	**$16,399**	**$16,135**	**$20,577**	**$32,357**	**$27,770**	**$30,439**	**$46,579**	**$17,067**	**$35,489**			**$259,227**
	Total Premiums		**$24,244**	**$27,726**	**$24,244**	**$23,995**	**$23,964**	**$23,964**	**$23,964**	**$22,722**	**$22,722**	**$22,167**			**$239,713**
Benefit Package 114	**Employees**		**406**	**402**	**401**	**401**	**399**	**399**	**402**	**399**	**396**	**379**			**398**
	Members		**645**	**630**	**631**	**638**	**634**	**632**	**640**	**632**	**628**	**606**			**632**
	Claims	Inpatient	$11,415	$93,026	$78,127	$8,178	$97,795	$103,847	$2,108	$177,018	$84,820	$107,348			**$763,682**
		Outpatient	$18,721	$667	$60,155	$34,073	$48,792	$44,832	$13,730	$90,884	$19,538	$23,665			**$355,056**
		ER	$7,242	$0	$7,579	$5,860	$25,367	$10,600	$18,368	$17,055	$21,306	$9,489			**$122,865**
		Prof Svcs	$106,918	$93,818	$128,545	$162,160	$205,041	$111,907	$124,188	$188,792	$134,085	$126,479			**$1,381,932**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$55,568	$64,947	$65,072	$66,977	$49,847	$47,545	$51,318	$56,102	$65,029	$61,842			**$584,246**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$199,863**	**$252,458**	**$339,477**	**$277,247**	**$426,841**	**$318,731**	**$209,713**	**$529,851**	**$324,779**	**$328,822**			**$3,207,782**
	Total Premiums		**$329,216**	**$324,270**	**$328,711**	**$321,027**	**$323,534**	**$323,534**	**$325,832**	**$325,634**	**$321,571**	**$308,941**			**$3,232,269**
Benefit Package 115	**Employees**		**22**	**22**	**22**	**22**	**22**	**23**	**21**	**22**	**22**	**21**			**22**
	Members		**27**	**27**	**27**	**27**	**27**	**28**	**26**	**27**	**27**	**26**			**27**
	Claims	Inpatient	$0	$0	$0	$0	$3,452	$0	$0	$0	$0	$0			**$3,452**
		Outpatient	$20,668	$38,581	$43,473	$13,215	$46,657	$22,465	$12,043	$11,701	$42,842	$12,299			**$263,943**
		ER	$0	$12,010	$898	$0	$0	$0	$0	$0	$0	$0			**$12,908**
		Prof Svcs	$9,376	$17,210	$12,457	$12,526	$6,435	$7,923	$3,954	$8,289	$5,298	$9,694			**$93,163**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$3,933	$2,849	$18,842	$2,726	$13,041	$7,798	$1,904	$2,046	$9,788	$7,656			**$70,582**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$33,977**	**$70,650**	**$75,670**	**$28,466**	**$69,585**	**$38,186**	**$17,902**	**$22,036**	**$57,927**	**$29,649**			**$444,047**
	Total Premiums		**$16,334**	**$16,334**	**$16,334**	**$16,334**	**$16,334**	**$16,334**	**$16,334**	**$16,334**	**$16,334**	**$15,684**			**$162,689**
Benefit Package 116	**Employees**		**364**	**349**	**357**	**355**	**358**	**356**	**357**	**354**	**355**	**341**			**355**
	Members		**560**	**541**	**551**	**549**	**549**	**544**	**544**	**540**	**543**	**529**			**545**
	Claims	Inpatient	$795,807	$104,465	$22,080	$30,300	$0	$51,101	$379,880	$92,358	$164,392	$27,887			**$1,668,270**
		Outpatient	$116,211	$16,857	$112,810	$107,603	$143,767	$101,481	$102,976	$188,793	$59,586	$67,036			**$1,017,120**
		ER	$11,124	$20,675	$6,699	$45,904	$9,896	$21,019	$8,472	$14,636	$21,984	$18,826			**$179,235**
		Prof Svcs	$97,673	$108,683	$142,756	$122,739	$136,543	$132,295	$157,923	$191,337	$130,743	$151,258			**$1,371,951**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$70,433	$45,846	$70,001	$53,449	$67,072	$72,046	$67,472	$85,795	$92,689	$59,690			**$684,494**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$1,091,248**	**$296,527**	**$354,346**	**$359,995**	**$357,278**	**$377,942**	**$716,723**	**$572,919**	**$469,395**	**$324,697**			**$4,921,070**
	Total Premiums		**$297,079**	**$296,019**	**$293,330**	**$293,967**	**$292,198**	**$297,786**	**$292,055**	**$291,348**	**$292,551**	**$282,151**			**$2,928,484**
Benefit Package 121	**Employees**		**375**	**374**	**372**	**372**	**371**	**372**	**373**	**372**	**372**	**0**			**373**
	Members		**578**	**575**	**571**	**570**	**569**	**570**	**567**	**566**	**565**	**1**			**513**
	Claims	Inpatient	$236,998	$218,543	$181,194	$93,662	$76,089	$231,579	$80,159	$86,964	$49,566	$56,538			**$1,311,292**
		Outpatient	$27,691	$62,751	$29,651	$59,623	$111,601	$146,757	$52,197	$88,684	$35,367	$78,599			**$692,922**
		ER	$21,410	$3,133	$16,015	$10,737	$11,740	$6,544	$4,575	$8,158	$3,723	$4,411			**$90,446**
		Prof Svcs	$116,655	$112,281	$151,952	$129,026	$171,982	$186,547	$154,584	$234,481	$133,771	$111,945			**$1,503,223**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$60,215	$46,334	$52,116	$36,149	$51,239	$59,294	$43,485	$60,623	$67,430	$1,332			**$478,217**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$462,968**	**$443,042**	**$430,927**	**$329,196**	**$422,650**	**$630,723**	**$335,001**	**$478,910**	**$289,857**	**$252,825**			**$4,076,100**
	Total Premiums		**$311,378**	**$311,701**	**$308,841**	**$307,208**	**$308,505**	**$308,234**	**$308,025**	**$307,020**	**$307,020**	**$0**			**$2,777,933**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9f
Experience Reports by Benefit Package — Monthly
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 122	**Employees**		**290**	**289**	**289**	**288**	**288**	**286**	**287**	**286**	**286**	**0**			**288**
	Members		**483**	**483**	**483**	**481**	**481**	**478**	**476**	**469**	**469**	**1**			**430**
	Claims	Inpatient	$97,308	$16,210	$71,512	$3,899	$29,759	$5,336	$61,893	$7,641	$67,220	$210,532			**$571,311**
		Outpatient	$46,332	$4,097	$1,444	$28,605	$41,824	$21,204	$15,252	$28,446	$27,204	$31,397			**$245,804**
		ER	$701	$2,240	$9,366	$6,494	$2,030	$2,539	$656	$12,320	$2,705	$3,255			**$42,306**
		Prof Svcs	$81,213	$58,703	$103,526	$98,825	$86,345	$87,726	$86,343	$107,687	$106,555	$45,988			**$862,912**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$37,231	$25,061	$32,548	$34,684	$35,781	$27,282	$30,575	$34,419	$46,320	$1,544			**$305,444**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$262,785**	**$106,311**	**$218,397**	**$172,507**	**$195,739**	**$144,087**	**$194,718**	**$190,512**	**$250,004**	**$292,716**			**$2,027,776**
	Total Premiums		**$202,149**	**$201,090**	**$203,148**	**$201,541**	**$201,752**	**$200,944**	**$199,762**	**$197,409**	**$197,409**	**$0**			**$1,805,203**
Benefit Package 123	**Employees**		**12**	**13**	**13**	**14**	**14**	**14**	**14**	**14**	**14**	**0**			**14**
	Members		**30**	**32**	**32**	**35**	**35**	**34**	**32**	**33**	**33**	**0**			**33**
	Claims	Inpatient	$0	$0	$5,681	$0	$0	$0	$0	$0	$0	$0			**$5,681**
		Outpatient	$0	$0	$1,584	$5,633	$0	$0	$0	$0	$3,178	$0			**$10,396**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$1,119	$0			**$1,119**
		Prof Svcs	$396	$177	$680	$1,640	$3,923	$3,259	$653	$5,831	$2,873	$1,281			**$20,711**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$216	$19	$9	$19	$142	$123	$189	$220	$598	$0			**$1,535**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$612**	**$196**	**$7,954**	**$7,292**	**$4,065**	**$3,382**	**$841**	**$6,052**	**$7,768**	**$1,281**			**$39,442**
	Total Premiums		**$7,866**	**$8,218**	**$8,218**	**$8,711**	**$8,711**	**$8,346**	**$7,682**	**$8,014**	**$8,014**	**$0**			**$73,779**
Benefit Package 127	**Employees**		**18**	**18**	**18**	**18**	**19**	**19**	**19**	**19**	**19**	**27**			**19**
	Members		**55**	**55**	**55**	**55**	**59**	**59**	**60**	**60**	**60**	**86**			**60**
	Claims	Inpatient	$0	$0	$0	$0	$4,396	$0	$0	$4,136	$0	$0			**$8,532**
		Outpatient	$0	$0	$0	$12	$3,423	$375	$188	$217	$0	$0			**$4,215**
		ER	$0	$0	$0	$0	$462	$0	$0	$727	$798	$1,110			**$3,097**
		Prof Svcs	$2,784	$2,306	$1,802	$4,210	$3,862	$1,657	$5,266	$5,757	$7,573	$6,167			**$41,385**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$3,226	$4,212	$3,053	$3,915	$5,752	$3,522	$4,403	$8,848	$5,401	$5,551			**$47,884**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$6,011**	**$6,519**	**$4,855**	**$8,136**	**$17,896**	**$5,555**	**$9,856**	**$19,685**	**$13,772**	**$12,828**			**$105,112**
	Total Premiums		**$10,694**	**$10,694**	**$10,694**	**$10,694**	**$11,446**	**$11,446**	**$9,943**	**$12,948**	**$11,446**	**$15,452**			**$115,457**
Benefit Package 128	**Employees**		**211**	**211**	**212**	**209**	**210**	**209**	**210**	**213**	**212**	**215**			**211**
	Members		**612**	**612**	**611**	**606**	**606**	**605**	**606**	**617**	**615**	**611**			**610**
	Claims	Inpatient	$60,700	$41,336	$23,714	$200	$0	$186,470	$0	$21,256	$10,172	$11,742			**$355,590**
		Outpatient	$31,070	$70,118	$64,729	$62,613	$129,064	$50,371	$28,632	$83,639	$45,104	$21,790			**$587,130**
		ER	$1,876	$1,329	$1,252	$2,539	$6,042	$2,065	$1,997	$11,168	$11,904	$11,937			**$52,109**
		Prof Svcs	$54,863	$47,071	$83,393	$48,814	$88,715	$50,481	$52,607	$81,529	$52,788	$59,167			**$619,428**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$27,903	$24,531	$26,683	$24,405	$22,345	$26,214	$21,508	$31,899	$33,719	$34,261			**$273,469**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$176,412**	**$184,386**	**$199,771**	**$138,572**	**$246,165**	**$315,601**	**$104,744**	**$229,491**	**$153,686**	**$138,898**			**$1,887,725**
	Total Premiums		**$164,781**	**$164,407**	**$164,215**	**$161,828**	**$162,267**	**$161,657**	**$162,096**	**$164,569**	**$163,926**	**$163,404**			**$1,633,152**
Benefit Package 129	**Employees**		**641**	**639**	**636**	**636**	**634**	**638**	**640**	**641**	**639**	**612**			**636**
	Members		**1,080**	**1,081**	**1,074**	**1,073**	**1,070**	**1,077**	**1,073**	**1,076**	**1,071**	**1,034**			**1,071**
	Claims	Inpatient	$172,099	$238,609	$195,112	$224,225	$35,959	$37,615	$62,306	$199,296	$12,958	$23,979			**$1,202,156**
		Outpatient	$83,468	$103,344	$73,261	$81,188	$37,125	$74,511	$87,155	$121,974	$79,786	$61,331			**$803,142**
		ER	$22,145	$10,826	$8,930	$5,168	$9,531	$5,366	$8,523	$18,350	$7,607	$24,963			**$121,410**
		Prof Svcs	$147,858	$191,596	$211,994	$158,732	$181,398	$176,536	$158,342	$237,537	$188,846	$172,731			**$1,825,568**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$82,215	$83,175	$74,531	$62,312	$86,804	$78,730	$69,059	$100,101	$93,874	$88,705			**$819,507**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$507,784**	**$627,549**	**$563,828**	**$531,625**	**$350,818**	**$372,758**	**$385,384**	**$677,259**	**$383,071**	**$371,708**			**$4,771,784**
	Total Premiums		**$488,086**	**$486,759**	**$483,892**	**$483,931**	**$481,824**	**$484,915**	**$482,610**	**$483,240**	**$481,506**	**$462,029**			**$4,818,792**
Benefit Package 130	**Employees**		**438**	**436**	**435**	**433**	**434**	**433**	**428**	**426**	**426**	**439**			**433**
	Members		**982**	**986**	**985**	**978**	**983**	**982**	**974**	**979**	**981**	**991**			**982**
	Claims	Inpatient	$24,280	$37,116	$234,936	$110,978	$99,114	$84,287	$25,115	$77,015	$107,894	$65,862			**$866,597**
		Outpatient	$53,209	$42,517	$25,316	$21,441	$43,742	$85,335	$78,563	$99,642	$40,126	$44,773			**$534,663**
		ER	$7,068	$3,603	$8,595	$11,555	$6,877	$12,486	$10,875	$4,513	$6,529	$5,243			**$77,345**
		Prof Svcs	$113,482	$132,253	$166,538	$142,748	$122,281	$104,988	$102,944	$184,277	$113,807	$106,949			**$1,290,267**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$44,199	$37,763	$34,260	$31,173	$38,972	$29,642	$40,414	$50,479	$49,159	$41,906			**$397,967**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$242,239**	**$253,251**	**$469,645**	**$317,895**	**$310,986**	**$316,738**	**$257,911**	**$415,925**	**$317,515**	**$264,734**			**$3,166,840**
	Total Premiums		**$330,189**	**$328,650**	**$328,063**	**$326,952**	**$327,729**	**$326,714**	**$323,256**	**$323,742**	**$323,233**	**$329,811**			**$3,268,339**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 131	**Employees**		**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**9**	**13**	**21**	**22**	**11**
	Members		**37**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**40**	**54**	**82**	**85**	**46**
	Claims	Inpatient	$0	$0	$0	$0	$0	$3,494	$0	$0	$0	$0	$0	$0	**$3,494**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,315	$8,735	$9,132	**$20,182**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$960	$9	**$969**
		Prof Svcs	$613	$997	$631	$713	$1,665	$246	$1,678	$1,381	$898	$4,021	$10,856	$4,089	**$27,787**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$205	$32	$203	$161	$17	$20	$418	$184	$293	$573	$307	$757	**$3,170**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$817**	**$1,030**	**$834**	**$874**	**$1,682**	**$3,760**	**$2,096**	**$1,565**	**$1,191**	**$6,909**	**$20,858**	**$13,987**	**$55,602**
	Total Premiums		**$4,863**	**$4,863**	**$4,863**	**$4,863**	**$4,863**	**$4,863**	**$4,863**	**$4,863**	**$5,514**	**$8,018**	**$17,184**	**$18,050**	**$87,667**
Benefit Package 132	**Employees**		**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**8**	**7**			**9**
	Members		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**15**	**10**			**19**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$0	$0	$382	$0	$0	$0	$2,831	$0	$0			**$3,212**
		ER	$0	$0	$0	$0	$0	$0	$0	$432	$0	$0			**$432**
		Prof Svcs	$206	$223	$2,138	$245	$691	$407	$360	$2,205	$376	$205			**$7,056**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$0	$27	$0	$0	$0	$17	$21	$23	$0	$56			**$144**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$206**	**$250**	**$2,138**	**$627**	**$691**	**$423**	**$381**	**$5,491**	**$376**	**$261**			**$10,844**
	Total Premiums		**$4,302**	**$4,302**	**$4,302**	**$4,302**	**$4,302**	**$4,302**	**$4,302**	**$4,302**	**$4,302**	**$4,302**			**$43,019**
Benefit Package 133	**Employees**		**179**	**176**	**180**	**180**	**180**	**183**	**182**	**183**	**185**	**182**			**181**
	Members		**334**	**321**	**333**	**331**	**336**	**336**	**335**	**340**	**348**	**341**			**336**
	Claims	Inpatient	$87,852	$10,665	$77,717	$22,532	$3,570	$0	$16,882	$9,897	$0	$855			**$229,971**
		Outpatient	$8,183	$23,069	$22,198	$17,138	$38,917	$46,570	$47,686	$21,191	$0	$5,765			**$230,717**
		ER	$3,135	$4,433	$8,730	$2,298	$539	$10,447	$79	$2,549	$8,339	$14,399			**$54,949**
		Prof Svcs	$60,810	$45,996	$55,229	$44,480	$63,529	$43,486	$46,260	$76,615	$40,072	$45,517			**$521,994**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$31,989	$32,661	$24,810	$24,801	$29,136	$25,417	$18,929	$34,954	$29,385	$36,006			**$288,087**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$191,970**	**$116,824**	**$188,684**	**$111,249**	**$135,691**	**$125,919**	**$129,836**	**$145,207**	**$77,796**	**$102,542**			**$1,325,717**
	Total Premiums		**$113,043**	**$111,722**	**$114,040**	**$113,659**	**$113,199**	**$116,005**	**$115,085**	**$115,670**	**$117,860**	**$118,106**			**$1,148,389**
Benefit Package 134	**Employees**		**61**	**61**	**63**	**66**	**65**	**65**	**65**	**57**	**64**	**62**			**63**
	Members		**138**	**138**	**141**	**146**	**145**	**145**	**145**	**122**	**143**	**141**			**140**
	Claims	Inpatient	$0	$0	$3,697	$0	$0	$0	$0	$4,026	$0	$3,124			**$10,846**
		Outpatient	$0	$0	$3,166	$0	$2,658	$0	$1,069	$3,010	$24,837	$7,035			**$41,775**
		ER	$0	$0	$893	$0	$10,123	$7,963	$2,190	$56	$95	$6			**$21,325**
		Prof Svcs	$3,059	$3,959	$17,828	$2,246	$4,408	$3,138	$4,907	$17,316	$9,917	$17,066			**$83,844**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$706	$368	$413	$435	$659	$896	$734	$1,710	$1,633	$9,288			**$16,841**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$3,765**	**$4,327**	**$25,997**	**$2,681**	**$17,848**	**$11,996**	**$8,899**	**$26,117**	**$36,483**	**$36,518**			**$174,632**
	Total Premiums		**$31,783**	**$31,783**	**$32,706**	**$33,843**	**$33,526**	**$33,526**	**$33,526**	**$30,646**	**$33,023**	**$32,520**			**$326,883**
Benefit Package 135	**Employees**		**236**	**230**	**235**	**233**	**234**	**234**	**234**	**235**	**234**	**228**			**233**
	Members		**490**	**476**	**487**	**488**	**485**	**486**	**486**	**486**	**488**	**471**			**484**
	Claims	Inpatient	$19,350	$61,580	$16,060	$0	$18,738	$0	$0	$0	$26,041	$20,849			**$162,618**
		Outpatient	$0	$14,852	$0	$6,915	$33,010	$64,929	$0	$90,320	$40,401	$13,858			**$264,284**
		ER	$7,770	$1,011	$4,029	$561	$405	$345	$0	$931	$3,772	$13,191			**$32,015**
		Prof Svcs	$23,208	$19,300	$29,586	$29,463	$21,075	$25,704	$30,766	$53,539	$39,163	$44,794			**$316,598**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$24,509	$16,363	$19,403	$18,814	$21,770	$18,470	$17,079	$26,540	$20,258	$21,201			**$204,407**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$74,838**	**$113,106**	**$69,079**	**$55,753**	**$94,997**	**$109,448**	**$47,845**	**$171,329**	**$129,635**	**$113,893**			**$979,922**
	Total Premiums		**$120,540**	**$114,238**	**$120,000**	**$117,068**	**$116,730**	**$117,015**	**$117,015**	**$117,335**	**$117,871**	**$114,095**			**$1,171,905**
Benefit Package 136	**Employees**		**27**	**36**	**28**	**28**	**28**	**28**	**28**	**25**	**26**	**27**			**28**
	Members		**42**	**56**	**44**	**42**	**43**	**43**	**43**	**40**	**41**	**42**			**44**
	Claims	Inpatient	$0	$0	$0	$0	$7,089	$0	$0	$0	$0	$0			**$7,089**
		Outpatient	$4,149	$15,387	$0	$0	$0	$36,121	$0	$0	$0	$12,288			**$67,945**
		ER	$0	$0	$0	$0	$0	$692	$0	$702	$0	$0			**$1,393**
		Prof Svcs	$1,771	$3,423	$2,890	$3,637	$6,741	$3,143	$4,726	$5,156	$3,525	$16,850			**$51,862**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$1,744	$1,032	$928	$669	$1,780	$1,747	$1,159	$1,961	$2,030	$650			**$13,701**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$7,664**	**$19,842**	**$3,818**	**$4,305**	**$15,610**	**$41,703**	**$5,886**	**$7,819**	**$5,555**	**$29,788**			**$141,990**
	Total Premiums		**$12,150**	**$15,678**	**$12,822**	**$12,782**	**$11,886**	**$12,483**	**$12,483**	**$11,483**	**$11,817**	**$12,150**			**$125,734**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 137	**Employees**		**119**	**119**	**117**	**117**	**117**	**117**	**120**	**118**	**118**	**122**			**118**
	Members		**352**	**342**	**344**	**344**	**345**	**346**	**355**	**348**	**349**	**356**			**348**
	Claims	Inpatient	$0	$416,138	$16,290	$12,303	$6,750	$9,960	$18,839	$0	$35,732	$9,475			**$525,486**
		Outpatient	$0	$25,880	$2,612	$4,736	$8,359	$40,759	$612	$34,296	$1,155	$1,632			**$120,040**
		ER	$0	$0	$1,389	$1,167	$7,299	$4,915	$9,836	$901	$0	$3,786			**$29,293**
		Prof Svcs	$7,482	$37,245	$31,907	$15,091	$30,452	$25,677	$19,210	$31,677	$23,788	$18,254			**$240,782**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$1,057	$779	$1,314	$1,693	$1,698	$2,722	$2,793	$4,341	$7,839	$7,063			**$31,299**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$8,539**	**$480,042**	**$53,511**	**$34,989**	**$54,558**	**$84,033**	**$51,290**	**$71,215**	**$68,514**	**$40,210**			**$946,901**
	Total Premiums		**$69,780**	**$69,014**	**$68,694**	**$68,821**	**$68,821**	**$68,821**	**$69,236**	**$70,195**	**$69,237**	**$70,609**			**$693,229**
Benefit Package 138	**Employees**		**6**	**6**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**8**			**7**
	Members		**17**	**17**	**21**	**21**	**21**	**21**	**21**	**21**	**21**	**23**			**20**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		ER	$0	$0	$0	$0	$1,600	$0	$0	$0	$0	$0			**$1,600**
		Prof Svcs	$0	$2	$782	$378	$1,047	$369	$253	$404	$308	$1,232			**$4,776**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
		Pharmacy	$0	$0	$20	$20	$20	$165	$162	$163	$163	$161			**$873**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0			**$0**
	Total Claims		**$0**	**$2**	**$802**	**$398**	**$2,667**	**$534**	**$415**	**$566**	**$470**	**$1,394**			**$7,250**
	Total Premiums		**$3,689**	**$3,689**	**$4,530**	**$4,530**	**$4,530**	**$4,530**	**$4,530**	**$4,530**	**$4,530**	**$4,967**			**$44,053**
Benefit Package 172	**Employees**											**343**	**344**	**343**	**343**
	Members											**637**	**637**	**634**	**636**
	Claims	Inpatient										$8,648	$53,363	$0	**$62,011**
		Outpatient										$84,010	$32,943	$65,180	**$182,133**
		ER										$5,875	$37,218	$4,238	**$47,331**
		Prof Svcs										$61,574	$58,300	$52,493	**$172,367**
		Other										$60,304	$55,814	$34,143	**$150,261**
		Pharmacy										$48,620	$49,790	$76,370	**$174,780**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$269,031**	**$287,428**	**$232,424**	**$788,883**
	Total Premiums											**$314,391**	**$314,890**	**$311,709**	**$940,990**
Benefit Package 173	**Employees**		**196**	**195**	**197**	**197**	**196**	**195**	**195**	**194**	**193**	**186**	**185**	**184**	**193**
	Members		**272**	**269**	**273**	**270**	**268**	**267**	**267**	**264**	**263**	**243**	**239**	**238**	**261**
	Claims	Inpatient	$9,369	$35,378	$0	$11,273	$65,818	$103,970	$14,886	$0	$0	$8,878	$27,613	$7,910	**$285,095**
		Outpatient	$7,555	$10,190	$7,181	$34,832	$21,627	$54,424	$21,997	$28,208	$1,009	$17,517	$22,314	$78,977	**$305,831**
		ER	$11,865	$4,561	$12,170	$5,179	$3,156	$6,212	$2,069	$7,866	$2,562	$9,471	$7,072	$12,478	**$84,661**
		Prof Svcs	$27,425	$23,318	$26,159	$40,536	$33,639	$50,523	$39,696	$45,773	$25,782	$39,878	$32,290	$27,244	**$412,263**
		Other	$10,159	$13,121	$14,450	$14,899	$16,277	$18,791	$18,210	$40,587	$42,328	$49,397	$74,174	$39,382	**$351,775**
		Pharmacy	$40,556	$24,535	$30,752	$53,485	$51,490	$53,941	$38,177	$33,670	$25,925	$28,049	$49,622	$32,552	**$462,754**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$106,929**	**$111,103**	**$90,712**	**$160,204**	**$192,007**	**$287,861**	**$135,035**	**$156,104**	**$97,606**	**$153,190**	**$213,085**	**$198,543**	**$1,902,379**
	Total Premiums		**$157,149**	**$155,962**	**$157,872**	**$157,326**	**$156,929**	**$156,311**	**$156,311**	**$155,084**	**$154,401**	**$164,837**	**$163,069**	**$162,444**	**$1,897,695**
Benefit Package 174	**Employees**												**307**	**306**	**307**
	Members												**657**	**650**	**654**
	Claims	Inpatient											$37,428	$0	**$37,428**
		Outpatient											$48,460	$12,437	**$60,897**
		ER											$7,643	$8,283	**$15,925**
		Prof Svcs											$16,364	$43,194	**$59,558**
		Other											$114,725	$100,398	**$215,123**
		Pharmacy											$25,627	$16,758	**$42,384**
		Capitation											$0	$0	**$0**
	Total Claims												**$250,246**	**$181,070**	**$431,316**
	Total Premiums												**$293,524**	**$292,907**	**$586,431**
Benefit Package 175	**Employees**												**265**	**267**	**266**
	Members												**439**	**436**	**438**
	Claims	Inpatient											$20,924	$15,517	**$36,441**
		Outpatient											$3,254	$12,745	**$15,998**
		ER											$10,972	$22,652	**$33,624**
		Prof Svcs											$3,297	$8,034	**$11,331**
		Other											$77,611	$78,215	**$155,826**
		Pharmacy											$14,845	$21,532	**$36,377**
		Capitation											$0	$0	**$0**
	Total Claims												**$130,904**	**$158,694**	**$289,598**
	Total Premiums												**$226,881**	**$232,765**	**$459,646**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 176	**Employees**												**270**	**268**	**269**
	Members												**535**	**533**	**534**
	Claims	Inpatient											$103,181	$92,722	**$195,904**
		Outpatient											$0	$21,331	**$21,331**
		ER											$13,933	$8,328	**$22,262**
		Prof Svcs											$18,576	$26,643	**$45,219**
		Other											$102,335	$94,303	**$196,639**
		Pharmacy											$30,686	$26,088	**$56,774**
		Capitation											$0	$0	**$0**
	Total Claims												**$268,712**	**$269,416**	**$538,128**
	Total Premiums												**$271,808**	**$270,772**	**$542,580**
Benefit Package 177	**Employees**											**104**	**312**	**311**	**242**
	Members											**154**	**556**	**555**	**422**
	Claims	Inpatient										$0	$56,374	$53,992	**$110,366**
		Outpatient										$3,102	$15,888	$11,030	**$30,020**
		ER										$2,160	$10,775	$20,339	**$33,273**
		Prof Svcs										$4,554	$13,075	$17,896	**$35,525**
		Other										$23,729	$91,609	$110,912	**$226,250**
		Pharmacy										$8,080	$23,699	$36,222	**$68,001**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$41,626**	**$211,420**	**$250,389**	**$503,435**
	Total Premiums											**$84,898**	**$279,729**	**$274,842**	**$639,468**
Benefit Package 178	**Employees**											**1**	**23**	**24**	**16**
	Members											**3**	**71**	**73**	**49**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$0	**$0**
		ER										$0	$0	$717	**$717**
		Prof Svcs										$0	$302	$3,192	**$3,494**
		Other										$0	$0	$216	**$216**
		Pharmacy										$0	$0	$18	**$18**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$0**	**$302**	**$4,143**	**$4,445**
	Total Premiums											**$911**	**$16,502**	**$17,223**	**$34,636**
Benefit Package 179	**Employees**												**20**	**19**	**20**
	Members												**26**	**25**	**26**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$462	$0	**$462**
		ER											$0	$0	**$0**
		Prof Svcs											$1,922	$1,342	**$3,264**
		Other											$0	$0	**$0**
		Pharmacy											$1,443	$193	**$1,636**
		Capitation											$0	$0	**$0**
	Total Claims												**$3,827**	**$1,535**	**$5,362**
	Total Premiums												**$14,089**	**$13,457**	**$27,545**
Benefit Package 180	**Employees**											**10**	**8**	**8**	**9**
	Members											**14**	**12**	**12**	**13**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$15	**$15**
		ER										$0	$0	$542	**$542**
		Prof Svcs										$1,356	$857	$1,848	**$4,062**
		Other										$0	$0	$0	**$0**
		Pharmacy										$757	$446	$544	**$1,747**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$2,113**	**$1,304**	**$2,948**	**$6,365**
	Total Premiums											**$13,550**	**$11,518**	**$11,518**	**$36,586**
Benefit Package 181	**Employees**											**7**	**6**	**6**	**6**
	Members											**9**	**8**	**8**	**8**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$14	**$14**
		ER										$0	$0	$361	**$361**
		Prof Svcs										$457	$2,190	$1,278	**$3,924**
		Other										$0	$0	$0	**$0**
		Pharmacy										$341	$71	$294	**$706**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$797**	**$2,261**	**$1,947**	**$5,006**
	Total Premiums											**$6,060**	**$5,245**	**$5,245**	**$16,550**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 182	**Employees**												**22,706**	**22,661**	**22,684**
	Members												**38,129**	**38,004**	**38,067**
	Claims	Inpatient											$3,579,097	$5,019,244	**$8,598,341**
		Outpatient											$5,097,173	$5,113,636	**$10,210,809**
		ER											$750,864	$599,064	**$1,349,928**
		Prof Svcs											$5,674,047	$6,106,184	**$11,780,231**
		Other											$302,821	$308,714	**$611,534**
		Pharmacy											$4,411,991	$4,555,872	**$8,967,864**
		Capitation											$0	$0	**$0**
	Total Claims												**$19,815,993**	**$21,702,714**	**$41,518,708**
	Total Premiums												**$21,522,111**	**$21,466,935**	**$42,989,046**
Benefit Package 183	**Employees**												**14,047**	**14,097**	**14,072**
	Members												**27,015**	**27,061**	**27,038**
	Claims	Inpatient											$1,745,849	$1,549,437	**$3,295,285**
		Outpatient											$1,901,970	$2,438,390	**$4,340,360**
		ER											$387,614	$333,271	**$720,886**
		Prof Svcs											$2,534,060	$2,815,612	**$5,349,672**
		Other											$104,674	$96,015	**$200,689**
		Pharmacy											$1,888,069	$2,086,085	**$3,974,154**
		Capitation											$0	$0	**$0**
	Total Claims												**$8,562,237**	**$9,318,810**	**$17,881,047**
	Total Premiums												**$12,707,499**	**$12,738,721**	**$25,446,221**
Benefit Package 184	**Employees**												**6,214**	**6,182**	**6,198**
	Members												**10,597**	**10,535**	**10,566**
	Claims	Inpatient											$1,746,294	$1,839,146	**$3,585,439**
		Outpatient											$1,645,816	$1,698,165	**$3,343,981**
		ER											$318,437	$295,161	**$613,598**
		Prof Svcs											$2,122,406	$2,392,321	**$4,514,727**
		Other											$60,183	$102,075	**$162,258**
		Pharmacy											$1,412,538	$1,555,067	**$2,967,606**
		Capitation											$0	$0	**$0**
	Total Claims												**$7,305,673**	**$7,881,936**	**$15,187,610**
	Total Premiums												**$6,984,526**	**$6,945,279**	**$13,929,805**
Benefit Package 185	**Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**	**1**	**1**	**1**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**6**	**4**	**4**	**4**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$2,484	$0	$0	$0	$0	$0	**$2,484**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$16	$0	$0	$0	$0	$0	$574	$0	$35	$0	$0	$230	**$855**
		Other	$0	$0	$0	$0	$0	$0	$217	$0	$109	$224	$109	$224	**$883**
		Pharmacy	$107	$0	$115	$115	$0	$115	$0	$115	$60	$60	$35	$83	**$805**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$122**	**$0**	**$115**	**$115**	**$0**	**$115**	**$3,275**	**$115**	**$203**	**$284**	**$144**	**$537**	**$5,027**
	Total Premiums		**$1,095**	**$1,095**	**$1,095**	**$1,095**	**$1,095**	**$1,095**	**$1,095**	**$1,095**	**$1,095**	**$1,933**	**$1,218**	**$1,218**	**$14,221**
Benefit Package 186	**Employees**		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**2**
	Members		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**2**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	Total Premiums		**$526**	**$526**	**$526**	**$526**	**$526**	**$526**	**$526**	**$526**	**$526**	**$526**	**$302**	**$302**	**$5,862**
Benefit Package 187	**Employees**												**52**	**54**	**53**
	Members												**125**	**132**	**129**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$539	**$539**
		Prof Svcs											$7,181	$10,491	**$17,672**
		Other											$0	$0	**$0**
		Pharmacy											$6,791	$5,569	**$12,360**
		Capitation											$0	$0	**$0**
	Total Claims												**$13,972**	**$16,599**	**$30,571**
	Total Premiums												**$41,653**	**$43,453**	**$85,106**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 188	**Employees**		**857**	**858**	**856**	**857**	**853**	**854**	**850**	**846**	**846**	**820**	**820**	**826**	**845**
	Members		**1,091**	**1,092**	**1,092**	**1,092**	**1,088**	**1,084**	**1,083**	**1,078**	**1,076**	**1,044**	**1,046**	**1,050**	**1,076**
	Claims	Inpatient	$35,836	$31,313	$56,253	$177,290	$201,197	$139,544	$68,987	$157,423	$60,041	$238,682	$66,507	$150,976	**$1,384,051**
		Outpatient	$14,537	$95,631	$130,562	$120,743	$161,539	$92,007	$123,793	$121,402	$70,042	$92,886	$70,518	$172,179	**$1,265,838**
		ER	$11,068	$7,220	$16,231	$14,886	$11,105	$14,023	$10,247	$23,271	$6,254	$12,655	$5,372	$7,737	**$140,070**
		Prof Svcs	$91,721	$222,289	$329,928	$266,126	$353,644	$250,184	$257,790	$383,634	$294,590	$298,735	$301,936	$273,315	**$3,323,893**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$145,461	$131,391	$115,312	$114,961	$159,562	$128,342	$128,765	$145,914	$148,536	$118,957	$117,999	$131,348	**$1,586,547**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$298,624**	**$487,844**	**$648,287**	**$694,007**	**$887,048**	**$624,099**	**$589,583**	**$831,644**	**$579,463**	**$761,914**	**$562,331**	**$735,555**	**$7,700,399**
	Total Premiums		**$56,262**	**$203,366**	**$412,912**	**$589,237**	**$634,752**	**$778,896**	**$551,560**	**$516,387**	**$721,129**	**$484,760**	**$696,659**	**$488,355**	**$6,134,275**
Benefit Package 189	**Employees**		**715**	**716**	**715**	**717**	**715**	**717**	**718**	**722**	**723**	**737**	**745**	**748**	**724**
	Members		**1,650**	**1,647**	**1,642**	**1,626**	**1,641**	**1,644**	**1,653**	**1,661**	**1,665**	**1,667**	**1,675**	**1,681**	**1,654**
	Claims	Inpatient	$0	$75,443	$18,261	$71,011	$85,988	$68,874	$50,854	$62,617	$23,535	$141,756	$362,754	$68,986	**$1,030,079**
		Outpatient	$21,266	$99,157	$129,069	$64,060	$240,099	$118,647	$120,319	$142,457	$70,002	$113,541	$94,132	$312,127	**$1,524,876**
		ER	$353	$5,566	$7,261	$16,683	$10,353	$4,750	$17,036	$10,468	$15,953	$11,510	$10,729	$6,429	**$117,091**
		Prof Svcs	$55,295	$139,160	$219,361	$185,750	$214,755	$197,968	$190,117	$265,908	$207,688	$212,395	$250,801	$162,656	**$2,301,853**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$73,798	$64,470	$72,968	$76,678	$77,736	$67,632	$78,621	$95,837	$104,139	$77,787	$78,195	$79,201	**$947,062**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$150,712**	**$383,796**	**$446,919**	**$414,182**	**$628,930**	**$457,872**	**$456,947**	**$577,287**	**$421,317**	**$556,989**	**$796,611**	**$629,400**	**$5,920,962**
	Total Premiums		**$46,940**	**$120,647**	**$366,594**	**$421,022**	**$384,272**	**$594,715**	**$437,376**	**$425,750**	**$514,774**	**$365,562**	**$528,111**	**$751,596**	**$4,957,359**
Benefit Package 190	**Employees**		**146**	**147**	**147**	**148**	**147**	**147**	**148**	**148**	**149**	**156**	**157**	**162**	**150**
	Members		**446**	**447**	**444**	**444**	**439**	**438**	**440**	**436**	**439**	**457**	**464**	**473**	**447**
	Claims	Inpatient	$14,401	$0	$0	$1,705	$2,137	$0	$0	$23,441	$169	$0	$8,448	$6,097	**$56,398**
		Outpatient	$768	$8,729	$15,340	$338	$11,861	$7,386	$1,109	$72,942	$613	$2,409	$2,599	$6,266	**$130,360**
		ER	$0	$1,475	$0	$111	$1,005	$1,629	$3,163	$1,599	$1,825	$1,237	$1,137	$523	**$13,704**
		Prof Svcs	$14,475	$32,741	$39,397	$38,300	$37,651	$29,415	$31,795	$58,692	$29,436	$47,835	$43,557	$50,036	**$453,330**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$11,089	$9,120	$8,031	$9,938	$11,721	$10,317	$7,232	$13,330	$12,005	$9,024	$12,016	$12,137	**$125,960**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$40,734**	**$52,065**	**$62,768**	**$50,392**	**$64,375**	**$48,747**	**$43,299**	**$170,003**	**$44,048**	**$60,504**	**$67,756**	**$75,059**	**$779,752**
	Total Premiums		**$9,519**	**$37,963**	**$52,858**	**$64,453**	**$50,085**	**$61,966**	**$48,146**	**$45,786**	**$161,853**	**$42,285**	**$61,788**	**$64,813**	**$701,515**
Benefit Package 191	**Employees**		**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**7**	**7**	**7**	**6**
	Members		**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**18**	**18**	**18**	**17**
	Claims	Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		ER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Prof Svcs	$512	$544	$79	$140	$372	$17	$377	$0	$982	$0	$90	$45	**$3,158**
		Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
		Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$6	$0	$0	$0	**$6**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$512**	**$544**	**$79**	**$140**	**$372**	**$17**	**$377**	**$0**	**$988**	**$0**	**$90**	**$45**	**$3,164**
	Total Premiums		**$394**	**$887**	**$937**	**$473**	**$534**	**$764**	**$411**	**$771**	**$394**	**$1,442**	**$460**	**$548**	**$8,013**
Benefit Package 192	**Employees**												**190**	**190**	**190**
	Members												**555**	**552**	**554**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$271	$2,872	**$3,143**
		ER											$1,947	$0	**$1,947**
		Prof Svcs											$12,402	$20,585	**$32,988**
		Other											$0	$0	**$0**
		Pharmacy											$10,308	$15,902	**$26,210**
		Capitation											$0	$0	**$0**
	Total Claims												**$24,929**	**$39,358**	**$64,287**
	Total Premiums												**$130,296**	**$130,035**	**$260,331**
Benefit Package 193	**Employees**												**11**	**12**	**12**
	Members												**32**	**33**	**33**
	Claims	Inpatient											$0	$30,548	**$30,548**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$105	$8,076	**$8,181**
		Other											$0	$0	**$0**
		Pharmacy											$179	$828	**$1,007**
		Capitation											$0	$0	**$0**
	Total Claims												**$284**	**$39,451**	**$39,735**
	Total Premiums												**$8,010**	**$8,010**	**$16,020**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 194	**Employees**												**263**	**266**	**265**
	Members												**559**	**568**	**564**
	Claims	Inpatient											$0	$8,760	**$8,760**
		Outpatient											$3,785	$20,828	**$24,613**
		ER											$0	$3,558	**$3,558**
		Prof Svcs											$16,865	$36,808	**$53,672**
		Other											$0	$0	**$0**
		Pharmacy											$44,203	$43,885	**$88,088**
		Capitation											$0	$0	**$0**
	Total Claims												**$64,852**	**$113,838**	**$178,690**
	Total Premiums												**$154,343**	**$163,056**	**$317,399**
Benefit Package 195	**Employees**												**38**	**34**	**36**
	Members												**65**	**49**	**57**
	Claims	Inpatient											$0	$13,008	**$13,008**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$3,191	$4,349	**$7,540**
		Other											$0	$0	**$0**
		Pharmacy											$3,521	$3,347	**$6,868**
		Capitation											$0	$0	**$0**
	Total Claims												**$6,712**	**$20,704**	**$27,416**
	Total Premiums												**$19,845**	**$17,911**	**$37,756**
Benefit Package 196	**Employees**												**25**	**25**	**25**
	Members												**25**	**25**	**25**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$2,252	$3,039	**$5,291**
		Other											$0	$0	**$0**
		Pharmacy											$6,367	$6,490	**$12,857**
		Capitation											$0	$0	**$0**
	Total Claims												**$8,620**	**$9,529**	**$18,148**
	Total Premiums												**$18,249**	**$18,249**	**$36,498**
Benefit Package 197	**Employees**												**314**	**313**	**314**
	Members												**416**	**415**	**416**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$30,782	**$30,782**
		ER											$5,160	$0	**$5,160**
		Prof Svcs											$36,939	$72,626	**$109,565**
		Other											$0	$0	**$0**
		Pharmacy											$35,796	$40,224	**$76,019**
		Capitation											$0	$0	**$0**
	Total Claims												**$77,895**	**$143,632**	**$221,527**
	Total Premiums												**$265,574**	**$266,368**	**$531,942**
Benefit Package 198	**Employees**												**17**	**19**	**18**
	Members												**18**	**20**	**19**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$11,837	$22,507	**$34,344**
		ER											$0	$0	**$0**
		Prof Svcs											$3,227	$2,602	**$5,829**
		Other											$0	$0	**$0**
		Pharmacy											$1,038	$8,656	**$9,694**
		Capitation											$0	$0	**$0**
	Total Claims												**$16,102**	**$33,765**	**$49,867**
	Total Premiums												**$13,671**	**$14,435**	**$28,106**
Benefit Package 199	**Employees**												**262**	**261**	**262**
	Members												**326**	**320**	**323**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$8,364	$41,660	**$50,024**
		ER											$4,814	$18,271	**$23,085**
		Prof Svcs											$35,211	$85,394	**$120,605**
		Other											$0	$0	**$0**
		Pharmacy											$67,866	$46,361	**$114,227**
		Capitation											$0	$0	**$0**
	Total Claims												**$116,255**	**$191,686**	**$307,941**
	Total Premiums												**$223,052**	**$220,639**	**$443,692**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 200	**Employees**												**251**	**246**	**249**
	Members												**415**	**403**	**409**
	Claims	Inpatient											$7,425	$23,073	**$30,497**
		Outpatient											$10,669	$7,402	**$18,071**
		ER											$2,205	$4,716	**$6,921**
		Prof Svcs											$24,437	$42,823	**$67,261**
		Other											$0	$0	**$0**
		Pharmacy											$23,764	$24,193	**$47,957**
		Capitation											$0	$0	**$0**
	Total Claims												**$68,500**	**$102,207**	**$170,707**
	Total Premiums												**$196,565**	**$188,827**	**$385,392**
Benefit Package 201	**Employees**												**200**	**198**	**199**
	Members												**351**	**348**	**350**
	Claims	Inpatient											$5,613	$3,899	**$9,512**
		Outpatient											$838	$9,787	**$10,625**
		ER											$10,524	$6,765	**$17,289**
		Prof Svcs											$23,961	$46,362	**$70,323**
		Other											$0	$0	**$0**
		Pharmacy											$27,943	$30,203	**$58,146**
		Capitation											$0	$0	**$0**
	Total Claims												**$68,880**	**$97,017**	**$165,897**
	Total Premiums												**$151,101**	**$148,435**	**$299,536**
Benefit Package 202	**Employees**												**114**	**115**	**115**
	Members												**266**	**266**	**266**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$315	$0	**$315**
		ER											$1,040	$0	**$1,040**
		Prof Svcs											$12,394	$21,313	**$33,707**
		Other											$0	$0	**$0**
		Pharmacy											$12,525	$11,076	**$23,600**
		Capitation											$0	$0	**$0**
	Total Claims												**$26,275**	**$32,389**	**$58,663**
	Total Premiums												**$74,564**	**$75,900**	**$150,464**
Benefit Package 203	**Employees**												**166**	**162**	**164**
	Members												**237**	**231**	**234**
	Claims	Inpatient											$2,555	$32,148	**$34,702**
		Outpatient											$727	$14,934	**$15,661**
		ER											$4,200	$19,237	**$23,436**
		Prof Svcs											$38,786	$56,636	**$95,422**
		Other											$0	$0	**$0**
		Pharmacy											$26,824	$26,513	**$53,337**
		Capitation											$0	$0	**$0**
	Total Claims												**$73,091**	**$149,467**	**$222,559**
	Total Premiums												**$137,431**	**$130,597**	**$268,028**
Benefit Package 204	**Employees**												**98**	**96**	**97**
	Members												**140**	**138**	**139**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$4,613	**$4,613**
		Prof Svcs											$9,648	$21,613	**$31,261**
		Other											$0	$0	**$0**
		Pharmacy											$31,997	$11,183	**$43,180**
		Capitation											$0	$0	**$0**
	Total Claims												**$41,645**	**$37,409**	**$79,054**
	Total Premiums												**$89,512**	**$85,677**	**$175,189**
Benefit Package 205	**Employees**												**1,290**	**1,286**	**1,288**
	Members												**2,452**	**2,428**	**2,440**
	Claims	Inpatient											$0	$91,577	**$91,577**
		Outpatient											$27,771	$226,643	**$254,414**
		ER											$17,627	$18,323	**$35,950**
		Prof Svcs											$148,084	$240,278	**$388,362**
		Other											$0	$0	**$0**
		Pharmacy											$134,679	$144,315	**$278,994**
		Capitation											$0	$0	**$0**
	Total Claims												**$328,162**	**$721,135**	**$1,049,297**
	Total Premiums												**$958,978**	**$859,211**	**$1,818,189**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 206	**Employees**												**404**	**411**	**408**
	Members												**1,054**	**1,056**	**1,055**
	Claims	Inpatient											$0	$37,694	**$37,694**
		Outpatient											$11,086	$26,062	**$37,148**
		ER											$3,150	$5,584	**$8,734**
		Prof Svcs											$31,019	$53,575	**$84,595**
		Other											$0	$0	**$0**
		Pharmacy											$45,393	$35,313	**$80,706**
		Capitation											$0	$0	**$0**
	Total Claims												**$90,649**	**$158,228**	**$248,877**
	Total Premiums												**$247,467**	**$234,588**	**$482,055**
Benefit Package 207	**Employees**												**85**	**87**	**86**
	Members												**194**	**197**	**196**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$4,966	$5,433	**$10,399**
		Other											$0	$0	**$0**
		Pharmacy											$433	$1,190	**$1,623**
		Capitation											$0	$0	**$0**
	Total Claims												**$5,400**	**$6,623**	**$12,022**
	Total Premiums												**$46,429**	**$47,000**	**$93,429**
Benefit Package 208	**Employees**												**36**	**37**	**37**
	Members												**79**	**80**	**80**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$1,437	**$1,437**
		Prof Svcs											$2,298	$2,401	**$4,699**
		Other											$0	$0	**$0**
		Pharmacy											$702	$1,121	**$1,823**
		Capitation											$0	$0	**$0**
	Total Claims												**$3,000**	**$4,959**	**$7,959**
	Total Premiums												**$23,255**	**$31,397**	**$54,652**
Benefit Package 209	**Employees**												**312**	**309**	**311**
	Members												**404**	**399**	**402**
	Claims	Inpatient											$0	$76,541	**$76,541**
		Outpatient											$8,573	$33,832	**$42,406**
		ER											$4,332	$9,729	**$14,061**
		Prof Svcs											$45,573	$86,332	**$131,905**
		Other											$0	$0	**$0**
		Pharmacy											$42,194	$43,581	**$85,775**
		Capitation											$0	$0	**$0**
	Total Claims												**$100,672**	**$250,015**	**$350,687**
	Total Premiums												**$255,405**	**$253,381**	**$508,786**
Benefit Package 210	**Employees**												**130**	**129**	**130**
	Members												**219**	**217**	**218**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$262	$640	**$902**
		ER											$0	$0	**$0**
		Prof Svcs											$9,512	$14,991	**$24,503**
		Other											$0	$0	**$0**
		Pharmacy											$9,364	$7,906	**$17,270**
		Capitation											$0	$0	**$0**
	Total Claims												**$19,138**	**$23,537**	**$42,675**
	Total Premiums												**$83,466**	**$84,952**	**$168,418**
Benefit Package 211	**Employees**												**110**	**109**	**110**
	Members												**145**	**144**	**145**
	Claims	Inpatient											$4,259	$0	**$4,259**
		Outpatient											$108	$43,512	**$43,620**
		ER											$0	$0	**$0**
		Prof Svcs											$11,477	$18,329	**$29,806**
		Other											$0	$0	**$0**
		Pharmacy											$6,134	$12,399	**$18,533**
		Capitation											$0	$0	**$0**
	Total Claims												**$21,978**	**$74,240**	**$96,218**
	Total Premiums												**$67,815**	**$66,700**	**$134,515**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 212	**Employees**												**51**	**52**	**52**
	Members												**65**	**66**	**66**
	Claims	Inpatient											$0	$12,764	**$12,764**
		Outpatient											$0	$3,145	**$3,145**
		ER											$781	$4,009	**$4,790**
		Prof Svcs											$7,129	$14,728	**$21,857**
		Other											$0	$0	**$0**
		Pharmacy											$3,567	$9,105	**$12,671**
		Capitation											$0	$0	**$0**
	Total Claims												**$11,476**	**$43,750**	**$55,226**
	Total Premiums												**$37,565**	**$38,235**	**$75,800**
Benefit Package 213	**Employees**												**41**	**42**	**42**
	Members												**88**	**89**	**89**
	Claims	Inpatient											$0	$1,021	**$1,021**
		Outpatient											$0	$63	**$63**
		ER											$0	$0	**$0**
		Prof Svcs											$3,040	$3,812	**$6,852**
		Other											$0	$0	**$0**
		Pharmacy											$5,684	$3,992	**$9,676**
		Capitation											$0	$0	**$0**
	Total Claims												**$8,725**	**$8,888**	**$17,613**
	Total Premiums												**$17,731**	**$18,148**	**$35,879**
Benefit Package 214	**Employees**												**16**	**16**	**16**
	Members												**44**	**44**	**44**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$1,420	**$1,420**
		ER											$0	$0	**$0**
		Prof Svcs											$271	$2,321	**$2,592**
		Other											$0	$0	**$0**
		Pharmacy											$945	$88	**$1,033**
		Capitation											$0	$0	**$0**
	Total Claims												**$1,216**	**$3,829**	**$5,044**
	Total Premiums												**$7,471**	**$7,471**	**$14,942**
Benefit Package 215	**Employees**												**393**	**390**	**392**
	Members												**972**	**963**	**968**
	Claims	Inpatient											$13,053	$74,117	**$87,170**
		Outpatient											$58,035	$20,116	**$78,152**
		ER											$13,346	$18,375	**$31,722**
		Prof Svcs											$79,494	$79,149	**$158,643**
		Other											$0	$0	**$0**
		Pharmacy											$40,012	$29,647	**$69,659**
		Capitation											$0	$0	**$0**
	Total Claims												**$203,940**	**$221,404**	**$425,345**
	Total Premiums												**$299,751**	**$296,287**	**$596,038**
Benefit Package 216	**Employees**												**355**	**358**	**357**
	Members												**622**	**627**	**625**
	Claims	Inpatient											$99,167	$47,820	**$146,988**
		Outpatient											$124,426	$66,878	**$191,303**
		ER											$13,171	$14,565	**$27,736**
		Prof Svcs											$168,487	$113,765	**$282,252**
		Other											$0	$0	**$0**
		Pharmacy											$58,595	$67,100	**$125,695**
		Capitation											$0	$0	**$0**
	Total Claims												**$463,846**	**$310,128**	**$773,974**
	Total Premiums												**$323,074**	**$325,004**	**$648,078**
Benefit Package 217	**Employees**												**470**	**473**	**472**
	Members												**861**	**862**	**862**
	Claims	Inpatient											$33,250	$0	**$33,250**
		Outpatient											$8,279	$9,383	**$17,662**
		ER											$9,221	$9,828	**$19,049**
		Prof Svcs											$93,269	$70,176	**$163,445**
		Other											$0	$0	**$0**
		Pharmacy											$31,385	$32,797	**$64,182**
		Capitation											$0	$0	**$0**
	Total Claims												**$175,403**	**$122,183**	**$297,587**
	Total Premiums												**$366,828**	**$368,229**	**$735,057**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 228	**Employees**												**5**	**6**	**6**
	Members												**18**	**19**	**19**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$0	$0	**$0**
		ER											$0	$0	**$0**
		Prof Svcs											$327	$0	**$327**
		Other											$0	$0	**$0**
		Pharmacy											$0	$0	**$0**
		Capitation											$0	$0	**$0**
	Total Claims												**$327**	**$0**	**$327**
	Total Premiums												**$9,044**	**$9,547**	**$18,591**
Benefit Package 229	**Employees**											**13**	**15**	**17**	**15**
	Members											**30**	**35**	**40**	**35**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$1,008	$942	$1,283	**$3,233**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$2,031	$1,319	$1,154	**$4,504**
		Other										$0	$0	$0	**$0**
		Pharmacy										$1,065	$255	$338	**$1,658**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$4,104**	**$2,516**	**$2,775**	**$9,395**
	Total Premiums											**$11,140**	**$12,996**	**$14,853**	**$38,989**
Benefit Package 230	**Employees**											**3**	**3**	**3**	**3**
	Members											**3**	**3**	**3**	**3**
	Claims	Inpatient										$0	$0	$0	**$0**
		Outpatient										$0	$0	$0	**$0**
		ER										$0	$0	$0	**$0**
		Prof Svcs										$0	$243	$0	**$243**
		Other										$0	$0	$0	**$0**
		Pharmacy										$0	$0	$0	**$0**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$0**	**$243**	**$0**	**$243**
	Total Premiums											**$1,302**	**$1,302**	**$1,302**	**$3,906**
Benefit Package 231	**Employees**												**46**	**46**	**46**
	Members												**76**	**76**	**76**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$10,675	$17,635	**$28,310**
		ER											$0	$0	**$0**
		Prof Svcs											$6,008	$5,299	**$11,308**
		Other											$0	$0	**$0**
		Pharmacy											$5,007	$6,434	**$11,441**
		Capitation											$0	$0	**$0**
	Total Claims												**$21,690**	**$29,368**	**$51,059**
	Total Premiums												**$36,453**	**$36,453**	**$72,906**
Benefit Package 232	**Employees**											**72**	**71**	**71**	**71**
	Members											**100**	**99**	**99**	**99**
	Claims	Inpatient										$35,023	$764	$0	**$35,787**
		Outpatient										$5,236	$2,449	$12,002	**$19,687**
		ER										$0	$345	$896	**$1,240**
		Prof Svcs										$14,924	$12,797	$13,746	**$41,467**
		Other										$0	$0	$0	**$0**
		Pharmacy										$9,773	$9,084	$10,491	**$29,348**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$64,956**	**$25,438**	**$37,135**	**$127,528**
	Total Premiums											**$56,917**	**$56,348**	**$56,348**	**$169,613**
Benefit Package 233	**Employees**											**94**	**94**	**94**	**94**
	Members											**149**	**149**	**150**	**149**
	Claims	Inpatient										$0	$0	$7,820	**$7,820**
		Outpatient										$22,893	$48,896	$28,056	**$99,844**
		ER										$0	$8,022	$423	**$8,445**
		Prof Svcs										$12,662	$22,977	$18,355	**$53,995**
		Other										$0	$0	$0	**$0**
		Pharmacy										$4,900	$6,650	$7,354	**$18,904**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$40,454**	**$86,545**	**$62,007**	**$189,007**
	Total Premiums											**$94,570**	**$94,570**	**$95,205**	**$284,345**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 234	**Employees**												**292**	**292**	**292**
	Members												**538**	**536**	**537**
	Claims	Inpatient											$2,120	$0	**$2,120**
		Outpatient											$41,686	$64,500	**$106,185**
		ER											$14,450	$5,540	**$19,990**
		Prof Svcs											$36,928	$51,175	**$88,102**
		Other											$0	$0	**$0**
		Pharmacy											$24,464	$51,911	**$76,375**
		Capitation											$0	$0	**$0**
	Total Claims												**$119,647**	**$173,125**	**$292,772**
	Total Premiums												**$265,847**	**$264,859**	**$530,706**
Benefit Package 235	**Employees**												**156**	**156**	**156**
	Members												**338**	**339**	**339**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$13,047	$14,237	**$27,284**
		ER											$2,640	$1,596	**$4,237**
		Prof Svcs											$15,953	$16,243	**$32,196**
		Other											$0	$0	**$0**
		Pharmacy											$3,887	$9,463	**$13,351**
		Capitation											$0	$0	**$0**
	Total Claims												**$35,528**	**$41,540**	**$77,068**
	Total Premiums												**$122,447**	**$122,810**	**$245,257**
Benefit Package 236	**Employees**												**75**	**77**	**76**
	Members												**187**	**190**	**189**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$14,033	$24,946	**$38,979**
		ER											$0	$2,410	**$2,410**
		Prof Svcs											$8,334	$11,233	**$19,567**
		Other											$0	$0	**$0**
		Pharmacy											$1,166	$1,071	**$2,237**
		Capitation											$0	$0	**$0**
	Total Claims												**$23,533**	**$39,660**	**$63,193**
	Total Premiums												**$74,065**	**$75,253**	**$149,318**
Benefit Package 237	**Employees**												**54**	**56**	**55**
	Members												**117**	**120**	**119**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$1,331	$3,108	**$4,439**
		ER											$0	$0	**$0**
		Prof Svcs											$3,197	$3,363	**$6,559**
		Other											$0	$0	**$0**
		Pharmacy											$2,600	$2,467	**$5,066**
		Capitation											$0	$0	**$0**
	Total Claims												**$7,127**	**$8,938**	**$16,064**
	Total Premiums												**$38,175**	**$39,154**	**$77,329**
Benefit Package 238	**Employees**												**7**	**8**	**8**
	Members												**11**	**13**	**12**
	Claims	Inpatient											$0	$0	**$0**
		Outpatient											$882	$0	**$882**
		ER											$417	$0	**$417**
		Prof Svcs											$556	$252	**$808**
		Other											$0	$0	**$0**
		Pharmacy											$12	$37	**$49**
		Capitation											$0	$0	**$0**
	Total Claims												**$1,867**	**$289**	**$2,156**
	Total Premiums												**$3,480**	**$4,112**	**$7,592**
Benefit Package 239	**Employees**											**171**	**173**	**172**	**172**
	Members											**268**	**268**	**264**	**267**
	Claims	Inpatient										$20,562	$0	$0	**$20,562**
		Outpatient										$9,355	$22,687	$31,827	**$63,869**
		ER										$2,975	$1,676	$2,176	**$6,826**
		Prof Svcs										$34,060	$25,832	$33,861	**$93,754**
		Other										$0	$0	$0	**$0**
		Pharmacy										$14,126	$18,419	$17,340	**$49,885**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$81,078**	**$68,614**	**$85,205**	**$234,896**
	Total Premiums											**$177,569**	**$177,569**	**$174,918**	**$530,056**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Monthly
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Benefit Package	Cat-egory	Sub-Category	Financial Measures												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg./Total
Benefit Package 240	**Employees**											**191**	**191**	**192**	**191**
	Members											**317**	**317**	**319**	**318**
	Claims	Inpatient										$0	$5,380	$15,463	**$20,843**
		Outpatient										$37,355	$31,191	$53,871	**$122,416**
		ER										$640	$904	$5,134	**$6,678**
		Prof Svcs										$42,933	$52,633	$62,480	**$158,047**
		Other										$0	$0	$0	**$0**
		Pharmacy										$21,916	$16,336	$21,609	**$59,860**
		Capitation										$0	$0	$0	**$0**
	Total Claims											**$102,845**	**$106,443**	**$158,556**	**$367,844**
	Total Premiums											**$210,035**	**$210,035**	**$211,360**	**$631,430**
Grand Total	**Employees**		**104,737**	**104,902**	**104,988**	**104,978**	**104,955**	**104,946**	**104,789**	**104,414**	**104,293**	**104,729**	**101,660**	**102,036**	**104,286**
	Members		**201,579**	**201,836**	**201,899**	**201,895**	**201,828**	**201,752**	**201,479**	**200,800**	**200,545**	**202,090**	**195,487**	**195,977**	**200,597**
	Claims	Inpatient	$15,295,630	$14,208,999	$15,612,229	$17,768,075	$15,818,108	$19,919,367	$17,991,444	$16,863,756	$15,118,744	$17,095,729	$13,527,783	$14,556,579	**$193,776,444**
		Outpatient	$15,211,406	$13,777,998	$15,641,486	$15,065,432	$15,932,312	$16,215,291	$19,141,494	$19,108,427	$14,940,512	$15,878,387	$14,364,046	$16,028,408	**$191,305,198**
		ER	$2,693,554	$2,425,768	$2,892,823	$2,670,686	$3,002,301	$2,705,438	$2,906,806	$2,839,506	$2,702,822	$3,088,793	$2,794,827	$2,484,664	**$33,207,989**
		Prof Svcs	$23,855,810	$22,589,156	$24,743,927	$24,837,281	$25,915,171	$24,597,890	$28,723,145	$30,500,573	$23,056,921	$25,145,240	$21,001,612	$22,363,330	**$297,330,058**
		Other	$4,922,179	$4,615,936	$5,004,801	$4,838,746	$5,171,081	$4,658,089	$5,476,571	$5,666,943	$4,973,188	$6,941,410	$4,738,777	$4,590,333	**$61,598,054**
		Pharmacy	$13,374,891	$12,211,909	$13,051,699	$13,502,316	$13,665,125	$13,360,841	$14,438,858	$14,785,621	$14,079,545	$14,184,916	$12,594,456	$13,291,105	**$162,541,282**
		Capitation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
	Total Claims		**$75,353,471**	**$69,829,767**	**$76,946,965**	**$78,682,536**	**$79,504,098**	**$81,456,917**	**$88,678,318**	**$89,764,826**	**$74,871,732**	**$82,334,474**	**$69,021,503**	**$73,314,419**	**$939,759,024**
	Total Premiums		**$83,685,985**	**$83,796,793**	**$84,315,646**	**$84,471,200**	**$84,426,160**	**$84,751,296**	**$84,247,426**	**$83,849,676**	**$84,183,260**	**$84,752,802**	**$88,352,464**	**$88,169,734**	**$1,019,002,441**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 003	**Employees**		**161**	**161**	**162**	**162**	**161**	**161**	**161**	**161**	**161**				**161**
	Members		**272**	**272**	**276**	**276**	**271**	**272**	**271**	**271**	**270**				**272**
	Claims	Inpatient	$0.00	$157.56	$177.49	$0.00	$184.53	$713.58	$715.24	$241.52	$79.19				**$324.16**
		Outpatient	$201.39	$233.56	$275.05	$165.13	$148.56	$199.90	$339.51	$472.05	$271.37				**$256.28**
		ER	$73.91	$22.04	$61.22	$13.48	$19.59	$89.61	$88.03	$22.42	$52.33				**$49.18**
		Prof Svcs	$224.55	$259.80	$330.29	$208.79	$311.82	$367.15	$467.78	$405.86	$275.90				**$316.88**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$226.76	$171.50	$218.18	$166.65	$155.58	$225.44	$140.32	$228.46	$286.19				**$202.12**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$726.62**	**$844.46**	**$1,062.23**	**$554.06**	**$820.08**	**$1,595.69**	**$1,750.89**	**$1,370.32**	**$964.98**				**$1,076.59**
	Total Premiums		**$889.61**	**$889.61**	**$897.12**	**$897.12**	**$886.34**	**$889.61**	**$886.34**	**$886.34**	**$883.07**				**$889.46**
Benefit Package 004	**Employees**		**80**	**79**	**79**	**79**	**78**	**78**	**78**	**78**	**78**				**79**
	Members		**156**	**153**	**152**	**150**	**149**	**150**	**150**	**153**	**153**				**152**
	Claims	Inpatient	$0.00	$0.00	$0.00	$98.82	$48.80	$266.62	$0.00	$222.79	$0.00				**$159.26**
		Outpatient	$336.65	$215.82	$382.52	$305.78	$342.16	$774.00	$316.78	$541.64	$434.42				**$405.53**
		ER	$37.98	$49.30	$19.75	$15.51	$46.74	$88.02	$67.30	$54.30	$34.26				**$45.90**
		Prof Svcs	$155.77	$100.80	$122.45	$170.55	$111.91	$313.54	$203.59	$271.27	$188.92				**$182.09**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$117.37	$83.72	$100.84	$92.78	$102.96	$89.74	$83.12	$125.04	$93.81				**$98.82**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$647.77**	**$449.63**	**$625.56**	**$683.43**	**$652.58**	**$1,531.93**	**$670.78**	**$1,215.04**	**$751.40**				**$803.12**
	Total Premiums		**$975.18**	**$968.53**	**$962.20**	**$949.54**	**$955.29**	**$961.72**	**$961.72**	**$980.95**	**$980.95**				**$966.23**
Benefit Package 005	**Employees**		**76**	**75**	**75**	**75**	**75**	**74**	**74**	**74**	**74**				**75**
	Members		**152**	**150**	**150**	**146**	**143**	**143**	**144**	**144**	**142**				**146**
	Claims	Inpatient	$188.07	$1,833.40	$0.00	$0.00	$126.40	$201.20	$0.00	$0.00	$104.15				**$490.64**
		Outpatient	$301.21	$460.94	$94.60	$111.50	$123.98	$59.16	$143.43	$60.82	$132.31				**$165.33**
		ER	$47.70	$146.87	$17.60	$69.49	$62.50	$34.28	$52.35	$13.84	$45.95				**$54.51**
		Prof Svcs	$258.59	$369.91	$174.73	$215.69	$223.10	$220.28	$293.11	$166.61	$294.51				**$246.28**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$138.05	$162.89	$108.82	$121.96	$109.67	$154.08	$119.56	$142.63	$142.61				**$133.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$933.61**	**$2,974.00**	**$395.75**	**$518.65**	**$645.65**	**$669.00**	**$608.45**	**$383.90**	**$719.54**				**$872.06**
	Total Premiums		**$1,000.18**	**$1,000.19**	**$1,000.19**	**$973.51**	**$953.51**	**$966.39**	**$973.15**	**$973.15**	**$959.64**				**$977.77**
Benefit Package 006	**Employees**		**9**	**11**	**10**	**10**	**10**	**10**	**10**	**10**	**10**				**10**
	Members		**24**	**27**	**24**	**24**	**24**	**24**	**23**	**23**	**23**				**24**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$1,641.14	$0.84	$0.00	$31.79	$1.37	$29.23	$216.28	$0.00	$41.56				**$280.32**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$45.25	$0.00	$0.00				**$45.25**
		Prof Svcs	$438.92	$53.82	$107.32	$52.74	$14.11	$33.37	$111.95	$523.14	$45.81				**$153.46**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$112.07	$77.70	$90.07	$42.43	$27.53	$1.20	$33.38	$5.97	$73.27				**$51.51**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$2,192.13**	**$132.36**	**$197.39**	**$126.97**	**$43.01**	**$63.80**	**$406.86**	**$529.10**	**$160.64**				**$428.03**
	Total Premiums		**$1,127.44**	**$1,037.82**	**$1,014.70**	**$1,014.70**	**$1,014.70**	**$1,014.70**	**$972.50**	**$972.50**	**$972.50**				**$1,015.73**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 007	**Employees**		**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**				**7**
	Members		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**				**19**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$1,750.85	$620.00	$47.73	$56.62	$0.00	$0.00				**$618.80**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$442.51				**$442.51**
		Prof Svcs	$36.18	$0.00	$0.00	$207.43	$40.28	$62.93	$160.43	$48.70	$164.31				**$102.89**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.32	$49.30	$6.40	$40.98				**$24.25**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$36.18**	**$0.00**	**$0.00**	**$1,958.27**	**$660.28**	**$110.99**	**$266.35**	**$55.10**	**$647.80**				**$533.57**
	Total Premiums		**$925.71**	**$925.71**	**$925.71**	**$925.71**	**$925.71**	**$925.71**	**$925.71**	**$925.71**	**$925.71**				**$925.71**
Benefit Package 008	**Employees**		**1**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**0**	**0**	**2**
	Members		**1**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**0**	**0**	**2**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$0.00	$117.82	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$117.82**
		Other	$0.00	$219.45	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$219.45**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$0.00**	**$219.45**	**$117.82**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$168.63**
	Total Premiums		**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$0.00**	**$0.00**	**$421.07**
Benefit Package 009	**Employees**		**56**	**56**	**56**	**56**	**56**	**56**	**56**	**54**	**54**	**55**	**60**	**59**	**56**
	Members		**109**	**109**	**109**	**108**	**108**	**107**	**106**	**102**	**102**	**103**	**101**	**100**	**105**
	Claims	Inpatient	$0.00	$421.54	$0.00	$0.00	$624.64	$0.00	$0.00	$1,909.82	$237.16	$0.00	$472.06	$0.00	**$733.04**
		Outpatient	$376.44	$35.38	$95.22	$245.27	$235.15	$156.32	$123.35	$122.73	$64.01	$244.08	$69.90	$97.92	**$155.48**
		ER	$32.92	$35.00	$0.00	$0.00	$5.17	$0.00	$86.82	$49.14	$8.64	$13.63	$61.60	$18.93	**$34.65**
		Prof Svcs	$80.87	$174.54	$110.20	$74.95	$198.68	$827.33	$273.37	$333.25	$232.23	$137.20	$94.65	$75.95	**$217.77**
		Other	$97.56	$665.94	$1,308.36	$1,545.66	$1,342.19	$541.41	$1,692.78	$156.78	$161.39	$1,371.15	$1,272.99	$453.32	**$884.13**
		Pharmacy	$46.11	$71.72	$75.11	$30.93	$88.32	$49.29	$69.07	$86.13	$31.60	$64.20	$42.70	$55.57	**$59.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$633.89**	**$1,404.11**	**$1,588.89**	**$1,896.81**	**$2,494.17**	**$1,574.35**	**$2,245.39**	**$2,657.85**	**$735.03**	**$1,830.27**	**$2,013.91**	**$701.69**	**$1,648.03**
	Total Premiums		**$941.89**	**$941.89**	**$941.89**	**$941.89**	**$941.89**	**$931.47**	**$925.05**	**$915.88**	**$915.88**	**$914.02**	**$879.49**	**$894.39**	**$923.80**
Benefit Package 010	**Employees**		**261**	**261**	**260**	**257**	**256**	**256**	**256**	**255**	**252**	**256**	**260**	**258**	**257**
	Members		**420**	**415**	**414**	**409**	**407**	**405**	**406**	**406**	**399**	**408**	**411**	**409**	**409**
	Claims	Inpatient	$330.79	$37.60	$134.02	$204.32	$158.12	$0.00	$0.00	$169.63	$0.00	$0.08	$263.68	$354.47	**$183.64**
		Outpatient	$184.31	$216.90	$133.15	$145.40	$186.98	$212.13	$553.72	$160.80	$166.26	$171.05	$201.65	$202.68	**$211.25**
		ER	$80.85	$73.10	$2.38	$40.56	$43.86	$17.20	$44.30	$12.30	$6.71	$34.49	$35.94	$19.43	**$34.26**
		Prof Svcs	$211.10	$161.36	$170.61	$140.93	$185.72	$127.39	$236.38	$168.03	$220.49	$152.13	$220.95	$177.88	**$181.08**
		Other	$259.52	$309.39	$284.64	$206.33	$239.53	$152.54	$300.37	$268.80	$166.85	$151.47	$256.87	$287.87	**$240.35**
		Pharmacy	$62.47	$54.11	$67.20	$65.02	$71.46	$59.49	$59.24	$78.85	$61.41	$58.51	$82.78	$54.27	**$64.57**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,129.03**	**$852.46**	**$791.99**	**$802.57**	**$885.67**	**$568.76**	**$1,193.99**	**$858.42**	**$621.72**	**$567.73**	**$1,061.86**	**$1,096.60**	**$869.23**
	Total Premiums		**$925.78**	**$918.87**	**$919.82**	**$918.09**	**$916.44**	**$916.44**	**$919.04**	**$920.01**	**$913.36**	**$913.64**	**$931.88**	**$933.72**	**$920.59**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 011	**Employees**		**91**	**92**	**93**	**93**	**92**	**92**	**92**	**94**	**93**	**92**	**96**	**96**	**93**
	Members		**238**	**239**	**240**	**240**	**238**	**237**	**237**	**242**	**241**	**235**	**249**	**243**	**240**
	Claims	Inpatient	$0.00	$26.21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$34.07	$0.00	$21.06	**$27.11**
		Outpatient	$3.32	$2.56	$108.65	$35.81	$55.25	$15.85	$168.86	$9.64	$4.02	$214.57	$45.24	$76.91	**$61.72**
		ER	$35.54	$31.81	$0.00	$0.61	$23.30	$0.00	$0.00	$0.00	$0.00	$86.64	$4.62	$1.42	**$26.28**
		Prof Svcs	$57.31	$75.72	$96.14	$73.27	$72.42	$64.27	$83.55	$79.19	$90.92	$58.94	$92.80	$101.60	**$78.85**
		Other	$50.51	$39.23	$69.82	$56.49	$113.84	$47.19	$46.94	$72.72	$50.81	$80.47	$81.69	$62.16	**$64.32**
		Pharmacy	$20.73	$31.53	$41.19	$37.16	$26.97	$18.69	$38.10	$18.67	$22.01	$32.36	$23.30	$16.76	**$27.29**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$167.41**	**$207.06**	**$315.80**	**$203.35**	**$291.79**	**$146.00**	**$337.46**	**$180.22**	**$167.77**	**$507.05**	**$247.65**	**$279.92**	**$254.29**
	Total Premiums		**$870.00**	**$865.57**	**$861.25**	**$861.25**	**$861.73**	**$856.75**	**$856.75**	**$853.62**	**$857.82**	**$849.07**	**$912.92**	**$904.79**	**$867.63**
Benefit Package 012	**Employees**		**128**	**128**	**127**	**127**	**126**	**125**	**124**	**120**	**116**	**233**	**273**	**278**	**159**
	Members		**246**	**245**	**242**	**240**	**239**	**240**	**239**	**229**	**223**	**445**	**524**	**531**	**304**
	Claims	Inpatient	$88.26	$0.00	$0.00	$0.00	$201.25	$297.33	$0.00	$244.75	$34.70	$19.54	$20.68	$108.68	**$126.90**
		Outpatient	$25.06	$28.26	$1.21	$23.68	$2.85	$8.04	$5.68	$0.29	$0.00	$3.85	$11.63	$2.64	**$10.29**
		ER	$3.03	$2.14	$1.03	$41.27	$12.32	$31.81	$0.00	$14.21	$0.00	$19.02	$14.88	$3.69	**$14.34**
		Prof Svcs	$40.81	$19.18	$8.71	$4.98	$30.17	$52.19	$8.82	$65.90	$30.91	$9.40	$11.68	$29.58	**$26.03**
		Other	$581.04	$557.40	$328.76	$310.65	$364.84	$374.80	$280.09	$443.40	$236.01	$362.49	$273.19	$269.77	**$365.20**
		Pharmacy	$19.51	$13.24	$16.01	$31.05	$25.55	$26.60	$21.46	$26.54	$16.42	$24.64	$86.98	$57.03	**$30.42**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$757.70**	**$620.21**	**$355.72**	**$411.64**	**$636.98**	**$790.77**	**$316.05**	**$795.10**	**$318.04**	**$438.94**	**$419.04**	**$471.38**	**$527.63**
	Total Premiums		**$640.54**	**$656.45**	**$625.02**	**$629.65**	**$635.43**	**$640.96**	**$644.21**	**$681.81**	**$684.93**	**$598.87**	**$716.01**	**$742.15**	**$658.00**
Benefit Package 013	**Employees**		**134**	**134**	**134**	**132**	**129**	**129**	**129**	**129**	**128**	**264**	**360**	**361**	**180**
	Members		**353**	**353**	**356**	**353**	**349**	**347**	**348**	**348**	**341**	**695**	**645**	**648**	**428**
	Claims	Inpatient	$260.94	$0.00	$170.34	$54.41	$245.13	$111.71	$595.35	$137.81	$325.22	$220.24	$29.33	$0.00	**$215.05**
		Outpatient	$279.85	$24.13	$50.79	$20.04	$62.97	$51.20	$27.83	$65.87	$26.68	$99.86	$36.11	$129.25	**$72.88**
		ER	$32.81	$6.52	$19.51	$14.55	$30.95	$13.27	$14.31	$18.50	$10.51	$50.81	$15.79	$50.67	**$23.18**
		Prof Svcs	$95.40	$47.43	$182.13	$83.73	$93.73	$59.74	$90.89	$49.30	$70.81	$73.22	$19.72	$53.84	**$76.66**
		Other	$430.05	$340.12	$381.48	$413.29	$488.79	$306.95	$473.62	$434.32	$400.46	$474.28	$329.81	$328.45	**$400.14**
		Pharmacy	$79.59	$76.19	$76.57	$109.84	$90.67	$115.53	$138.14	$162.73	$98.28	$98.73	$77.55	$60.18	**$98.67**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,178.64**	**$494.38**	**$880.82**	**$695.86**	**$1,012.23**	**$658.41**	**$1,340.13**	**$868.53**	**$931.95**	**$1,017.16**	**$508.30**	**$622.39**	**$850.73**
	Total Premiums		**$956.59**	**$925.61**	**$950.55**	**$968.74**	**$990.41**	**$933.88**	**$966.56**	**$953.61**	**$976.10**	**$1,025.45**	**$961.43**	**$871.37**	**$956.69**
Benefit Package 014	**Employees**		**230**	**239**	**242**	**240**	**242**	**240**	**238**	**218**	**196**	**403**			**249**
	Members		**329**	**339**	**343**	**340**	**346**	**345**	**343**	**318**	**275**	**587**			**357**
	Claims	Inpatient	$86.97	$70.09	$0.00	$111.56	$27.09	$105.54	$17.94	$118.56	$413.36	$82.99			**$114.90**
		Outpatient	$23.66	$0.89	$18.49	$6.25	$5.80	$18.61	$29.64	$233.82	$181.27	$11.51			**$53.00**
		ER	$2.30	$26.97	$8.27	$12.89	$3.12	$30.52	$4.74	$13.47	$4.97	$21.42			**$12.87**
		Prof Svcs	$26.23	$13.29	$8.39	$18.72	$4.69	$48.29	$9.49	$38.05	$72.23	$38.42			**$27.78**
		Other	$234.72	$292.48	$238.96	$249.62	$226.43	$282.25	$276.76	$335.06	$252.42	$350.38			**$273.91**
		Pharmacy	$57.94	$72.22	$75.43	$72.40	$77.08	$48.16	$80.34	$62.59	$65.50	$101.61			**$71.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$431.82**	**$475.94**	**$349.53**	**$471.45**	**$344.22**	**$533.37**	**$418.91**	**$801.55**	**$989.75**	**$606.33**			**$542.29**
	Total Premiums		**$643.03**	**$592.85**	**$658.37**	**$639.69**	**$674.89**	**$624.25**	**$657.94**	**$608.25**	**$730.07**	**$726.46**			**$655.58**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 016	**Employees**		**158**	**156**	**155**	**153**	**153**	**153**	**153**	**152**	**150**	**314**	**84**	**84**	**155**
	Members		**268**	**265**	**260**	**255**	**256**	**256**	**257**	**256**	**255**	**529**	**143**	**143**	**262**
	Claims	Inpatient	$0.00	$163.15	$0.00	$341.80	$0.00	$0.00	$0.00	$127.59	$0.00	$188.13	$0.00	$0.00	**$205.17**
		Outpatient	$16.91	$78.79	$50.00	$13.53	$81.24	$117.97	$12.22	$16.42	$86.05	$104.27	$147.20	$0.00	**$65.87**
		ER	$15.81	$20.54	$18.55	$31.02	$25.98	$143.17	$15.35	$38.53	$12.43	$16.44	$0.00	$18.30	**$32.37**
		Prof Svcs	$17.39	$46.56	$29.93	$58.02	$107.62	$108.11	$59.79	$42.31	$24.89	$60.79	$40.33	$0.86	**$49.72**
		Other	$379.22	$315.28	$334.73	$294.89	$297.10	$329.41	$369.55	$417.41	$317.52	$368.17	$209.34	$215.82	**$320.70**
		Pharmacy	$130.62	$100.84	$108.61	$122.51	$107.84	$107.22	$134.87	$94.88	$185.75	$114.84	$79.77	$62.04	**$112.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$559.95**	**$725.16**	**$541.82**	**$861.77**	**$619.78**	**$805.89**	**$591.78**	**$737.15**	**$626.64**	**$852.63**	**$476.64**	**$297.02**	**$641.35**
	Total Premiums		**$759.99**	**$767.71**	**$767.66**	**$765.80**	**$761.27**	**$765.77**	**$773.10**	**$762.39**	**$789.89**	**$800.47**	**$763.30**	**$776.55**	**$771.16**
Benefit Package 017	**Employees**		**6,436**	**6,513**	**6,575**	**6,606**	**6,621**	**6,638**	**6,629**	**6,621**	**6,648**	**7,025**	**10,739**	**10,885**	**7,328**
	Members		**15,794**	**15,947**	**16,046**	**16,131**	**16,160**	**16,211**	**16,210**	**16,182**	**16,263**	**16,930**	**24,481**	**24,719**	**17,590**
	Claims	Inpatient	$102.31	$62.88	$93.22	$95.63	$82.75	$209.06	$160.00	$148.15	$69.50	$124.90	$85.63	$68.06	**$108.51**
		Outpatient	$104.36	$98.22	$104.73	$137.35	$111.18	$131.95	$142.66	$134.56	$111.12	$95.93	$97.65	$114.76	**$115.37**
		ER	$12.18	$13.11	$19.55	$26.05	$18.54	$16.16	$18.73	$18.45	$26.09	$28.09	$18.55	$17.50	**$19.42**
		Prof Svcs	$220.31	$208.50	$215.77	$223.91	$215.16	$215.77	$256.65	$261.94	$197.08	$220.59	$184.23	$191.67	**$217.63**
		Other	$4.84	$4.83	$10.77	$5.98	$4.50	$4.36	$6.45	$15.26	$15.47	$9.76	$5.41	$7.33	**$7.91**
		Pharmacy	$51.60	$48.76	$56.35	$60.32	$58.61	$58.99	$65.72	$65.96	$62.60	$65.14	$51.59	$58.55	**$58.68**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$495.62**	**$436.29**	**$500.39**	**$549.23**	**$490.74**	**$636.29**	**$650.22**	**$644.33**	**$481.85**	**$544.41**	**$443.05**	**$457.88**	**$527.53**
	Total Premiums		**$637.23**	**$634.32**	**$632.83**	**$633.02**	**$633.09**	**$632.94**	**$633.19**	**$633.25**	**$633.61**	**$626.07**	**$698.18**	**$696.66**	**$643.70**
Benefit Package 018	**Employees**		**3,220**	**3,248**	**3,264**	**3,286**	**3,287**	**3,296**	**3,304**	**3,287**	**3,301**	**3,452**	**4,887**	**4,954**	**3,566**
	Members		**8,168**	**8,217**	**8,257**	**8,298**	**8,300**	**8,322**	**8,338**	**8,276**	**8,310**	**8,562**	**11,739**	**11,897**	**8,890**
	Claims	Inpatient	$82.50	$117.75	$151.82	$51.87	$71.15	$204.80	$116.21	$94.08	$56.03	$94.06	$89.47	$144.35	**$106.17**
		Outpatient	$142.54	$117.71	$146.46	$158.25	$122.17	$140.54	$233.46	$207.37	$119.50	$123.57	$92.43	$127.32	**$144.28**
		ER	$18.88	$33.03	$30.50	$35.82	$23.53	$18.84	$24.65	$28.06	$18.73	$21.86	$14.98	$18.27	**$23.93**
		Prof Svcs	$185.31	$182.64	$175.17	$182.39	$173.79	$178.13	$225.99	$216.74	$167.52	$182.21	$157.62	$175.46	**$183.58**
		Other	$3.51	$11.92	$11.96	$7.22	$13.65	$9.02	$6.55	$6.96	$6.71	$4.94	$4.05	$8.05	**$7.88**
		Pharmacy	$75.08	$78.80	$85.63	$92.11	$93.96	$85.92	$100.78	$97.15	$96.76	$94.72	$79.83	$97.71	**$89.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$507.81**	**$541.85**	**$601.54**	**$527.67**	**$498.25**	**$637.25**	**$707.65**	**$650.37**	**$465.25**	**$521.36**	**$438.38**	**$571.16**	**$555.71**
	Total Premiums		**$665.81**	**$662.36**	**$662.44**	**$661.17**	**$661.20**	**$660.91**	**$660.87**	**$660.73**	**$661.02**	**$650.39**	**$735.39**	**$734.39**	**$673.06**
Benefit Package 019	**Employees**		**1,492**	**1,516**	**1,526**	**1,534**	**1,542**	**1,544**	**1,544**	**1,551**	**1,572**	**1,572**	**1,928**	**1,951**	**1,606**
	Members		**3,634**	**3,700**	**3,728**	**3,748**	**3,765**	**3,769**	**3,766**	**3,771**	**3,826**	**3,828**	**4,520**	**4,563**	**3,885**
	Claims	Inpatient	$127.17	$85.33	$69.26	$111.75	$197.70	$224.96	$76.48	$85.10	$66.74	$93.52	$74.62	$74.64	**$107.27**
		Outpatient	$109.95	$102.21	$95.73	$128.15	$76.71	$101.12	$123.49	$98.69	$113.92	$82.73	$102.12	$124.09	**$104.91**
		ER	$14.60	$18.49	$19.99	$23.16	$17.76	$21.17	$15.44	$38.14	$27.31	$27.09	$17.64	$24.44	**$22.10**
		Prof Svcs	$184.59	$169.88	$198.77	$201.25	$189.49	$171.87	$200.58	$229.65	$177.62	$213.98	$171.51	$166.21	**$189.62**
		Other	$3.15	$12.61	$6.02	$5.78	$4.07	$14.73	$11.54	$4.01	$7.81	$6.45	$5.43	$11.60	**$7.77**
		Pharmacy	$60.89	$58.62	$69.36	$72.98	$73.84	$80.11	$75.78	$86.10	$83.98	$83.55	$71.07	$86.27	**$75.21**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$500.36**	**$447.14**	**$459.13**	**$543.07**	**$559.57**	**$613.96**	**$503.32**	**$541.70**	**$477.38**	**$507.33**	**$442.37**	**$487.25**	**$506.88**
	Total Premiums		**$625.60**	**$622.92**	**$623.93**	**$623.39**	**$622.64**	**$622.37**	**$622.06**	**$622.02**	**$622.81**	**$620.24**	**$697.46**	**$695.85**	**$635.11**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 020	**Employees**		**107**	**108**	**112**	**112**	**115**	**115**	**113**	**106**	**97**	**93**	**0**	**0**	**108**
	Members		**150**	**149**	**153**	**153**	**159**	**159**	**155**	**148**	**141**	**136**	**0**	**0**	**150**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$153.41	$90.53	$80.14	$0.00	$1,564.83	$0.00	$0.00	**$472.23**
		Outpatient	$90.44	$10.80	$69.77	$12.29	$136.89	$123.53	$433.82	$203.11	$82.76	$19.73	$0.00	$0.00	**$118.32**
		ER	$58.50	$23.00	$29.16	$2.21	$47.33	$9.88	$29.07	$38.70	$81.04	$3.23	$0.00	$0.00	**$32.21**
		Prof Svcs	$158.52	$128.22	$178.64	$115.19	$211.64	$132.05	$215.75	$263.01	$257.07	$372.11	$0.00	$0.00	**$203.22**
		Other	$139.22	$197.76	$191.58	$147.20	$185.64	$119.32	$203.60	$156.07	$119.83	$234.78	$0.00	$0.00	**$169.50**
		Pharmacy	$104.71	$108.90	$123.96	$127.88	$122.11	$106.00	$98.88	$182.91	$135.87	$135.19	$0.00	$0.00	**$124.64**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$551.39**	**$468.67**	**$593.12**	**$404.78**	**$703.60**	**$644.19**	**$1,071.63**	**$923.95**	**$676.57**	**$2,329.87**	**$0.00**	**$0.00**	**$836.78**
	Total Premiums		**$781.01**	**$769.94**	**$766.29**	**$766.29**	**$769.29**	**$769.29**	**$768.25**	**$774.89**	**$784.84**	**$789.88**	**$0.00**	**$0.00**	**$774.00**
Benefit Package 021	**Employees**		**111**	**112**	**112**	**111**	**111**	**112**	**109**	**107**	**90**	**82**	**0**	**0**	**106**
	Members		**163**	**164**	**164**	**161**	**161**	**161**	**158**	**155**	**131**	**111**	**0**	**0**	**153**
	Claims	Inpatient	$379.02	$0.00	$59.69	$7.39	$244.83	$0.00	$99.84	$0.00	$0.00	$0.00	$0.00	$0.00	**$158.15**
		Outpatient	$1.06	$9.10	$24.65	$70.11	$30.91	$10.62	$115.74	$16.83	$1.16	$181.36	$0.00	$0.00	**$46.15**
		ER	$0.00	$3.78	$17.06	$0.00	$1.51	$0.00	$6.62	$8.75	$0.00	$72.46	$0.00	$0.00	**$18.36**
		Prof Svcs	$113.16	$107.61	$99.19	$83.15	$164.07	$81.29	$133.31	$125.90	$101.17	$201.02	$0.00	$0.00	**$120.99**
		Other	$58.09	$127.84	$104.83	$88.49	$124.50	$107.69	$62.68	$64.54	$70.81	$78.84	$0.00	$0.00	**$88.83**
		Pharmacy	$16.76	$27.60	$40.29	$14.47	$22.14	$23.11	$13.89	$31.79	$20.25	$38.74	$0.00	$0.00	**$24.90**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$568.09**	**$275.93**	**$345.72**	**$263.60**	**$587.96**	**$222.70**	**$432.08**	**$247.82**	**$193.40**	**$572.42**	**$0.00**	**$0.00**	**$370.97**
	Total Premiums		**$604.08**	**$603.30**	**$603.30**	**$601.85**	**$601.85**	**$598.13**	**$600.38**	**$599.62**	**$603.35**	**$596.69**	**$0.00**	**$0.00**	**$601.26**
Benefit Package 022	**Employees**		**519**	**520**	**519**	**517**	**517**	**516**	**516**	**514**	**512**	**1,026**	**524**	**525**	**560**
	Members		**1,132**	**1,136**	**1,135**	**1,130**	**1,135**	**1,132**	**1,127**	**1,121**	**1,120**	**2,249**	**1,041**	**1,042**	**1,208**
	Claims	Inpatient	$168.46	$266.91	$176.75	$376.41	$163.53	$239.15	$300.41	$339.88	$89.42	$72.01	$226.08	$59.95	**$206.58**
		Outpatient	$158.60	$107.23	$81.18	$62.03	$61.38	$106.64	$198.52	$58.19	$77.03	$81.71	$140.66	$77.49	**$100.89**
		ER	$17.28	$45.31	$25.45	$27.80	$32.83	$12.16	$26.76	$33.94	$23.49	$23.94	$28.20	$15.34	**$26.04**
		Prof Svcs	$232.25	$229.29	$374.56	$163.91	$231.10	$175.11	$259.79	$291.33	$216.67	$216.32	$217.05	$226.80	**$236.18**
		Other	$155.95	$161.24	$170.53	$202.23	$174.44	$115.88	$164.34	$199.69	$183.86	$185.67	$171.05	$141.90	**$168.90**
		Pharmacy	$76.94	$79.86	$120.81	$98.82	$116.46	$94.81	$96.08	$117.30	$82.89	$89.84	$130.79	$80.55	**$98.76**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$809.48**	**$889.83**	**$949.28**	**$931.19**	**$779.74**	**$743.75**	**$1,045.90**	**$1,040.33**	**$673.36**	**$669.49**	**$913.84**	**$602.03**	**$837.35**
	Total Premiums		**$893.97**	**$891.60**	**$892.01**	**$890.76**	**$892.07**	**$893.14**	**$893.38**	**$888.23**	**$890.02**	**$894.77**	**$972.59**	**$972.69**	**$905.44**
Benefit Package 024	**Employees**		**28**	**27**	**27**	**26**	**26**	**26**	**26**	**26**	**27**	**46**	**187**	**189**	**55**
	Members		**68**	**67**	**68**	**64**	**64**	**65**	**65**	**65**	**68**	**114**	**325**	**326**	**113**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$618.93	$0.00	$0.00	$110.31	$66.04	$0.00	**$265.09**
		Outpatient	$0.00	$0.00	$0.11	$21.57	$0.08	$338.11	$0.08	$7.79	$0.11	$0.00	$35.36	$69.79	**$52.56**
		ER	$26.18	$0.00	$0.00	$0.00	$45.34	$59.35	$90.25	$101.16	$0.00	$23.78	$13.76	$13.24	**$46.63**
		Prof Svcs	$50.32	$83.59	$130.04	$190.55	$97.03	$137.87	$259.76	$219.53	$73.36	$143.55	$107.42	$98.93	**$132.66**
		Other	$52.79	$49.56	$90.78	$62.02	$51.62	$55.50	$129.73	$32.68	$89.89	$50.73	$67.08	$49.93	**$65.19**
		Pharmacy	$21.22	$18.35	$51.29	$8.80	$42.02	$43.84	$13.43	$61.37	$25.23	$18.94	$20.61	$26.14	**$29.27**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$150.51**	**$151.50**	**$272.22**	**$282.94**	**$236.09**	**$634.66**	**$1,112.18**	**$422.52**	**$188.59**	**$347.32**	**$310.27**	**$258.03**	**$363.90**
	Total Premiums		**$717.52**	**$726.04**	**$744.10**	**$733.33**	**$733.33**	**$741.77**	**$741.77**	**$741.77**	**$758.55**	**$744.71**	**$752.12**	**$744.16**	**$739.93**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 025	**Employees**		**628**	**651**	**670**	**687**	**697**	**704**	**705**	**706**	**717**	**826**	**1,343**	**1,386**	**810**
	Members		**1,804**	**1,852**	**1,897**	**1,929**	**1,952**	**1,973**	**1,974**	**1,995**	**2,021**	**2,260**	**3,616**	**3,710**	**2,249**
	Claims	Inpatient	$179.64	$0.00	$287.23	$130.67	$35.69	$0.02	$341.97	$66.18	$137.23	$54.61	$142.67	$79.09	**$132.27**
		Outpatient	$19.10	$61.22	$63.23	$75.70	$55.65	$99.72	$145.77	$125.88	$127.05	$108.53	$55.13	$73.34	**$84.19**
		ER	$18.59	$31.79	$26.09	$29.10	$15.43	$14.34	$25.07	$14.25	$9.25	$13.93	$2.21	$10.02	**$17.51**
		Prof Svcs	$69.69	$98.58	$110.96	$104.46	$114.79	$149.18	$209.61	$174.07	$150.15	$157.20	$94.94	$105.81	**$128.29**
		Other	$0.00	$2.42	$47.04	$6.00	$2.18	$2.72	$5.62	$0.92	$6.71	$6.24	$5.86	$3.70	**$8.13**
		Pharmacy	$7.22	$15.81	$13.84	$15.98	$21.02	$17.88	$28.01	$29.17	$34.78	$22.30	$16.53	$20.95	**$20.29**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$294.24**	**$209.82**	**$548.39**	**$361.90**	**$244.76**	**$283.87**	**$756.04**	**$410.46**	**$465.17**	**$362.82**	**$317.34**	**$292.91**	**$378.98**
	Total Premiums		**$587.86**	**$581.28**	**$581.10**	**$577.98**	**$576.89**	**$577.33**	**$577.55**	**$578.43**	**$576.96**	**$563.05**	**$653.83**	**$651.72**	**$590.33**
Benefit Package 027	**Employees**		**134**	**132**	**133**	**132**	**130**	**130**	**130**	**130**	**128**	**264**			**144**
	Members		**251**	**244**	**244**	**238**	**235**	**233**	**233**	**233**	**230**	**482**			**262**
	Claims	Inpatient	$0.00	$0.00	$0.00	$65.16	$246.55	$451.79	$138.89	$0.00	$332.37	$35.71			**$211.74**
		Outpatient	$128.44	$122.94	$30.50	$59.28	$10.72	$57.75	$0.00	$61.20	$62.57	$16.93			**$61.15**
		ER	$24.21	$0.00	$107.11	$63.95	$56.55	$50.94	$0.00	$14.93	$117.10	$24.48			**$57.41**
		Prof Svcs	$26.46	$71.49	$12.77	$72.32	$121.57	$90.42	$24.71	$27.52	$62.25	$12.07			**$52.16**
		Other	$358.54	$340.05	$322.65	$302.42	$502.69	$355.28	$290.98	$409.59	$386.47	$323.11			**$359.18**
		Pharmacy	$51.59	$50.61	$38.56	$57.60	$50.27	$96.16	$100.83	$137.87	$149.49	$81.43			**$81.44**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$589.23**	**$585.10**	**$511.59**	**$620.73**	**$988.34**	**$1,102.33**	**$555.41**	**$651.10**	**$1,110.25**	**$493.74**			**$720.78**
	Total Premiums		**$899.45**	**$895.18**	**$896.72**	**$897.80**	**$894.45**	**$889.87**	**$885.52**	**$885.17**	**$890.81**	**$902.96**			**$893.79**
Benefit Package 029	**Employees**		**496**	**495**	**493**	**491**	**491**	**489**	**486**	**481**	**480**	**957**			**536**
	Members		**1,110**	**1,103**	**1,099**	**1,092**	**1,086**	**1,079**	**1,076**	**1,070**	**1,063**	**2,134**			**1,191**
	Claims	Inpatient	$178.95	$51.29	$264.52	$149.56	$70.88	$133.14	$310.09	$405.38	$177.49	$180.51			**$192.18**
		Outpatient	$162.55	$118.06	$80.66	$79.78	$44.43	$84.04	$106.06	$24.05	$69.94	$88.68			**$85.82**
		ER	$37.72	$37.05	$67.33	$28.57	$25.89	$81.18	$67.58	$18.61	$46.70	$47.91			**$45.85**
		Prof Svcs	$107.27	$35.21	$64.54	$54.98	$54.51	$88.92	$82.68	$50.56	$63.58	$99.51			**$70.18**
		Other	$475.36	$355.58	$351.73	$376.36	$355.37	$447.39	$429.13	$455.44	$390.79	$444.99			**$408.21**
		Pharmacy	$109.64	$53.89	$78.69	$85.56	$58.64	$75.84	$93.24	$49.75	$74.64	$102.92			**$78.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,071.49**	**$651.09**	**$907.46**	**$774.82**	**$609.72**	**$910.51**	**$1,088.78**	**$1,003.79**	**$823.15**	**$964.51**			**$880.53**
	Total Premiums		**$911.06**	**$913.26**	**$917.30**	**$913.35**	**$910.73**	**$909.41**	**$916.91**	**$910.84**	**$911.86**	**$916.52**			**$913.12**
Benefit Package 030	**Employees**		**521**	**520**	**520**	**519**	**517**	**516**	**516**	**516**	**517**	**1,008**	**917**	**918**	**625**
	Members		**1,075**	**1,078**	**1,076**	**1,063**	**1,054**	**1,048**	**1,046**	**1,042**	**1,041**	**2,095**	**1,922**	**1,915**	**1,288**
	Claims	Inpatient	$179.54	$159.92	$302.03	$290.26	$425.34	$80.50	$671.47	$177.97	$58.33	$242.51	$313.83	$236.73	**$261.54**
		Outpatient	$12.63	$47.16	$51.21	$50.21	$43.53	$48.79	$70.43	$48.31	$30.97	$28.76	$79.71	$78.27	**$49.17**
		ER	$41.56	$14.05	$23.04	$15.38	$19.57	$21.71	$19.50	$12.24	$27.06	$23.66	$52.27	$30.48	**$25.04**
		Prof Svcs	$51.58	$78.01	$75.41	$118.98	$111.25	$66.07	$105.80	$65.58	$34.51	$91.79	$67.27	$88.91	**$79.60**
		Other	$387.58	$308.73	$382.99	$395.85	$379.21	$322.81	$483.00	$447.41	$327.73	$389.38	$384.10	$395.68	**$383.71**
		Pharmacy	$97.72	$79.01	$100.90	$79.27	$91.18	$73.01	$68.02	$104.44	$74.24	$79.91	$79.99	$79.59	**$83.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$770.60**	**$686.88**	**$935.57**	**$949.96**	**$1,070.10**	**$612.89**	**$1,418.22**	**$855.94**	**$552.83**	**$856.01**	**$977.17**	**$909.64**	**$882.98**
	Total Premiums		**$929.47**	**$921.35**	**$934.43**	**$931.43**	**$929.27**	**$921.41**	**$925.14**	**$913.02**	**$917.42**	**$999.33**	**$1,110.41**	**$954.00**	**$948.89**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 031	**Employees**		**853**	**846**	**845**	**848**	**848**	**846**	**842**	**839**	**838**	**1,690**	**823**	**827**	**912**
	Members		**1,668**	**1,659**	**1,647**	**1,648**	**1,650**	**1,643**	**1,636**	**1,625**	**1,626**	**3,310**	**1,537**	**1,542**	**1,766**
	Claims	Inpatient	$183.78	$179.62	$114.74	$83.10	$239.22	$364.10	$46.24	$25.87	$175.97	$159.67	$252.18	$106.49	**$160.92**
		Outpatient	$24.13	$28.06	$68.31	$39.49	$48.43	$34.32	$112.88	$29.22	$20.37	$36.15	$30.49	$97.91	**$47.48**
		ER	$23.21	$10.72	$23.58	$43.12	$26.09	$9.53	$31.47	$15.05	$15.69	$37.38	$38.52	$31.40	**$25.48**
		Prof Svcs	$47.32	$22.61	$59.62	$62.22	$68.52	$70.10	$81.69	$41.29	$49.61	$60.30	$55.06	$71.00	**$57.44**
		Other	$344.46	$305.93	$336.28	$347.89	$318.75	$326.81	$358.38	$336.30	$309.83	$368.29	$348.27	$375.73	**$339.74**
		Pharmacy	$94.05	$66.13	$67.69	$69.46	$62.02	$77.24	$65.11	$79.37	$70.80	$77.54	$71.93	$77.58	**$73.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$716.94**	**$613.07**	**$670.22**	**$645.28**	**$763.03**	**$882.10**	**$695.79**	**$527.11**	**$642.26**	**$739.34**	**$796.44**	**$760.11**	**$704.31**
	Total Premiums		**$877.82**	**$870.90**	**$879.21**	**$874.57**	**$874.57**	**$871.21**	**$871.49**	**$870.84**	**$874.44**	**$880.34**	**$935.74**	**$922.69**	**$883.65**
Benefit Package 032	**Employees**		**300**	**299**	**299**	**300**	**300**	**301**	**300**	**298**	**296**	**605**			**330**
	Members		**674**	**675**	**675**	**674**	**675**	**676**	**669**	**666**	**660**	**1,346**			**739**
	Claims	Inpatient	$316.60	$143.74	$54.32	$81.03	$224.30	$299.01	$301.66	$0.00	$188.66	$153.12			**$195.83**
		Outpatient	$41.43	$32.72	$18.88	$38.94	$42.49	$15.49	$86.85	$17.26	$12.58	$65.59			**$37.22**
		ER	$20.14	$18.21	$13.80	$46.59	$2.35	$24.23	$0.00	$7.00	$42.49	$24.44			**$22.14**
		Prof Svcs	$185.73	$51.75	$14.95	$52.74	$154.56	$47.21	$64.78	$108.29	$36.07	$44.77			**$76.08**
		Other	$432.16	$356.27	$319.13	$366.55	$333.47	$323.14	$382.39	$374.09	$327.50	$367.39			**$358.21**
		Pharmacy	$72.04	$71.13	$76.32	$74.34	$71.07	$61.84	$105.96	$46.53	$64.98	$71.33			**$71.55**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,068.11**	**$673.82**	**$497.40**	**$660.18**	**$828.24**	**$770.92**	**$941.64**	**$553.18**	**$672.28**	**$726.65**			**$739.24**
	Total Premiums		**$926.91**	**$924.20**	**$929.91**	**$924.11**	**$918.47**	**$918.92**	**$921.09**	**$918.87**	**$926.25**	**$939.44**			**$924.82**
Benefit Package 033	**Employees**		**245**	**246**	**245**	**246**	**245**	**244**	**245**	**247**	**245**	**499**			**271**
	Members		**418**	**419**	**418**	**417**	**412**	**409**	**410**	**412**	**408**	**845**			**457**
	Claims	Inpatient	$332.25	$56.20	$0.00	$470.66	$93.28	$230.65	$0.00	$189.12	$0.00	$214.15			**$226.62**
		Outpatient	$64.37	$26.83	$65.62	$12.79	$21.74	$24.52	$120.39	$47.83	$11.23	$53.89			**$44.92**
		ER	$57.85	$11.42	$9.28	$13.27	$36.96	$27.83	$49.66	$21.97	$42.75	$140.92			**$41.19**
		Prof Svcs	$66.44	$16.00	$15.04	$57.90	$45.15	$86.60	$45.05	$43.51	$17.33	$68.33			**$46.13**
		Other	$428.57	$359.56	$341.04	$371.34	$313.55	$298.52	$284.65	$363.81	$291.95	$419.73			**$347.27**
		Pharmacy	$61.01	$36.89	$140.41	$181.91	$132.76	$66.47	$79.68	$57.76	$77.29	$57.25			**$89.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,010.50**	**$506.89**	**$571.39**	**$1,107.86**	**$643.44**	**$734.59**	**$579.43**	**$724.01**	**$440.55**	**$954.27**			**$727.29**
	Total Premiums		**$796.99**	**$795.92**	**$797.57**	**$793.52**	**$794.29**	**$791.60**	**$793.59**	**$789.60**	**$789.31**	**$839.32**			**$798.17**
Benefit Package 034	**Employees**		**107**	**105**	**108**	**108**	**108**	**107**	**108**	**106**	**105**	**217**			**118**
	Members		**199**	**197**	**200**	**199**	**199**	**198**	**196**	**187**	**184**	**397**			**216**
	Claims	Inpatient	$145.02	$672.56	$0.00	$427.10	$846.00	$117.53	$224.16	$242.09	$0.00	$0.00			**$382.07**
		Outpatient	$207.56	$5.88	$74.37	$384.62	$9.92	$81.81	$125.70	$173.15	$41.99	$23.22			**$112.82**
		ER	$108.71	$33.09	$95.41	$57.94	$2.57	$111.61	$181.30	$62.25	$0.00	$1.98			**$72.76**
		Prof Svcs	$130.89	$93.33	$53.80	$90.71	$197.79	$56.33	$100.59	$108.21	$11.29	$13.91			**$85.68**
		Other	$343.08	$354.86	$401.13	$464.40	$470.45	$440.11	$540.55	$376.33	$187.48	$261.87			**$384.03**
		Pharmacy	$56.32	$51.33	$51.25	$50.16	$38.09	$78.95	$52.74	$42.87	$44.24	$52.47			**$51.84**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$991.58**	**$1,211.04**	**$675.95**	**$1,474.92**	**$1,564.80**	**$886.34**	**$1,225.05**	**$1,004.90**	**$285.00**	**$353.45**			**$967.30**
	Total Premiums		**$817.34**	**$853.30**	**$857.36**	**$854.74**	**$831.15**	**$848.01**	**$848.24**	**$837.63**	**$841.67**	**$837.10**			**$842.65**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 038	**Employees**		**126**	**126**	**126**	**128**	**129**	**129**	**129**	**129**	**130**	**231**			**138**
	Members		**287**	**285**	**282**	**285**	**291**	**291**	**290**	**293**	**292**	**525**			**312**
	Claims	Inpatient	$125.19	$136.21	$68.66	$68.66	$1,081.69	$0.00	$0.00	$75.45	$397.56	$31.96			**$248.17**
		Outpatient	$22.07	$8.57	$22.36	$25.66	$51.63	$41.72	$175.87	$51.54	$139.51	$86.16			**$62.51**
		ER	$38.96	$4.29	$48.23	$69.03	$32.77	$8.64	$43.55	$56.72	$30.95	$31.64			**$36.48**
		Prof Svcs	$137.85	$123.29	$106.01	$37.32	$138.69	$15.00	$51.59	$9.07	$95.31	$58.07			**$77.22**
		Other	$436.04	$539.11	$604.74	$569.20	$585.54	$334.55	$437.64	$486.68	$348.48	$368.58			**$471.06**
		Pharmacy	$78.12	$41.08	$71.29	$76.02	$72.02	$62.94	$75.65	$103.28	$76.59	$59.43			**$71.64**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$838.25**	**$852.55**	**$921.27**	**$845.89**	**$1,962.35**	**$462.86**	**$784.30**	**$782.74**	**$1,088.41**	**$635.84**			**$917.45**
	Total Premiums		**$981.92**	**$958.20**	**$970.04**	**$968.75**	**$907.15**	**$972.86**	**$968.76**	**$975.53**	**$973.94**	**$999.88**			**$967.70**
Benefit Package 039	**Employees**		**225**	**225**	**224**	**224**	**224**	**221**	**221**	**220**	**219**	**241**			**224**
	Members		**447**	**447**	**443**	**440**	**439**	**434**	**433**	**431**	**425**	**555**			**449**
	Claims	Inpatient	$132.98	$308.52	$103.19	$50.30	$779.65	$100.88	$63.16	$69.70	$0.00	-$121.68			**$185.84**
		Outpatient	$30.53	$69.96	$10.47	$158.40	$59.58	$8.85	$7.79	$89.65	$65.84	$36.93			**$53.80**
		ER	$42.93	$6.97	$33.10	$48.37	$12.02	$42.01	$17.87	$54.80	$38.80	$62.58			**$35.94**
		Prof Svcs	$70.97	$110.30	$48.42	$23.68	$111.05	$38.76	$42.09	$81.80	$44.77	$99.46			**$67.13**
		Other	$469.87	$433.92	$327.39	$358.34	$360.00	$327.99	$309.39	$312.09	$305.36	$515.95			**$372.03**
		Pharmacy	$118.92	$88.34	$81.74	$128.61	$81.65	$85.62	$104.36	$124.94	$65.44	$146.04			**$102.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$866.20**	**$1,018.02**	**$604.31**	**$767.70**	**$1,403.95**	**$604.11**	**$544.66**	**$732.97**	**$520.20**	**$739.28**			**$780.14**
	Total Premiums		**$840.73**	**$850.39**	**$847.57**	**$844.71**	**$841.78**	**$848.05**	**$844.73**	**$837.19**	**$842.37**	**$916.22**			**$851.37**
Benefit Package 040	**Employees**		**115**	**115**	**115**	**115**	**114**	**114**	**113**	**111**	**111**	**72**	**56**	**55**	**101**
	Members		**153**	**153**	**153**	**153**	**152**	**152**	**151**	**149**	**152**	**96**	**77**	**76**	**135**
	Claims	Inpatient	$102.97	$846.74	$346.60	$197.38	$306.06	$274.28	$0.00	$62.15	$47.35	$413.74	$0.00	$0.00	**$288.59**
		Outpatient	$69.24	$24.59	$87.67	$107.40	$267.38	$295.21	$80.30	$23.08	$21.81	$69.13	$52.87	$313.19	**$117.66**
		ER	$24.56	$9.57	$60.52	$22.35	$0.00	$23.42	$14.66	$22.73	$65.74	$3.70	$20.40	$23.90	**$26.50**
		Prof Svcs	$336.28	$389.33	$352.03	$422.47	$406.27	$356.00	$365.67	$473.58	$338.87	$384.61	$420.49	$289.89	**$377.96**
		Other	$1.02	$4.76	$5.09	$20.93	$3.33	$10.23	$4.67	$21.35	$19.35	$2.14	$7.68	$8.44	**$9.08**
		Pharmacy	$161.69	$122.84	$156.67	$188.84	$239.43	$128.32	$188.36	$189.40	$218.68	$192.84	$135.24	$156.21	**$173.21**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$695.76**	**$1,397.84**	**$1,008.58**	**$959.37**	**$1,222.48**	**$1,087.46**	**$653.66**	**$792.29**	**$711.81**	**$1,066.17**	**$636.68**	**$791.63**	**$918.64**
	Total Premiums		**$964.00**	**$964.00**	**$964.00**	**$964.00**	**$965.58**	**$965.58**	**$967.19**	**$969.93**	**$979.94**	**$969.52**	**$1,079.50**	**$1,082.02**	**$986.27**
Benefit Package 043	**Employees**		**24**	**24**	**24**	**24**	**24**	**24**	**24**	**24**	**23**				**24**
	Members		**28**	**28**	**28**	**28**	**28**	**28**	**28**	**28**	**27**				**28**
	Claims	Inpatient	$0.00	$0.00	$0.00	$1,194.16	$1,232.51	$0.00	$0.00	$0.00	$0.00				**$1,213.33**
		Outpatient	$0.00	$0.00	$0.00	$11.67	$0.00	$21.51	$26.99	$84.58	$0.00				**$36.19**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$24.69				**$24.69**
		Prof Svcs	$136.34	$137.24	$209.01	$454.10	$405.89	$242.55	$290.14	$252.27	$167.83				**$255.04**
		Other	$0.00	$0.00	$0.36	$0.00	$88.81	$0.00	$26.60	$3.75	$17.42				**$27.39**
		Pharmacy	$237.08	$291.55	$218.90	$214.54	$169.68	$201.97	$247.78	$267.31	$297.77				**$238.51**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$373.42**	**$428.79**	**$428.27**	**$1,874.48**	**$1,896.89**	**$466.03**	**$591.51**	**$607.90**	**$507.70**				**$797.22**
	Total Premiums		**$861.30**	**$861.30**	**$861.30**	**$861.30**	**$861.30**	**$861.30**	**$861.30**	**$861.30**	**$864.66**				**$861.67**

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Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 044	**Employees**		**499**	**502**	**500**	**500**	**503**	**505**	**503**	**500**	**503**	**509**	**515**	**518**	**505**
	Members		**848**	**852**	**847**	**841**	**847**	**855**	**855**	**846**	**854**	**879**	**886**	**898**	**859**
	Claims	Inpatient	$82.55	$57.88	$26.87	$31.06	$90.07	$225.02	$170.21	$45.27	$407.89	$141.80	$311.89	$242.83	**$152.78**
		Outpatient	$132.72	$171.16	$229.48	$263.61	$213.71	$286.78	$326.99	$282.78	$242.35	$199.88	$186.92	$247.95	**$232.03**
		ER	$18.12	$31.84	$14.50	$6.62	$12.15	$15.65	$6.24	$20.54	$11.10	$10.59	$16.72	$16.38	**$15.04**
		Prof Svcs	$207.57	$227.42	$265.93	$257.18	$275.39	$280.02	$355.65	$349.54	$285.86	$350.10	$274.42	$354.67	**$290.31**
		Other	$3.05	$34.41	$4.12	$4.36	$13.25	$7.17	$17.83	$5.37	$5.92	$9.61	$7.51	$14.73	**$10.61**
		Pharmacy	$206.18	$166.05	$214.69	$231.02	$245.13	$174.68	$229.80	$264.84	$190.03	$203.55	$247.35	$185.33	**$213.22**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$650.18**	**$688.75**	**$755.59**	**$793.86**	**$849.70**	**$989.31**	**$1,106.72**	**$968.34**	**$1,143.14**	**$915.53**	**$1,044.81**	**$1,061.90**	**$913.99**
	Total Premiums		**$776.19**	**$775.93**	**$776.76**	**$773.22**	**$773.39**	**$774.15**	**$776.54**	**$773.67**	**$774.96**	**$769.80**	**$769.45**	**$771.80**	**$773.82**
Benefit Package 045	**Employees**		**109**	**109**	**109**	**108**	**107**	**108**	**107**	**107**	**107**	**57**			**103**
	Members		**168**	**167**	**169**	**169**	**167**	**168**	**167**	**165**	**166**	**77**			**158**
	Claims	Inpatient	$144.94	$369.11	$108.65	$537.64	$0.00	$0.00	$795.03	$0.00	$810.67	$0.00			**$461.00**
		Outpatient	$24.99	$26.56	$339.15	$13.90	$70.94	$136.08	$178.08	$46.04	$4.90	$49.73			**$89.04**
		ER	$30.53	$26.42	$0.00	$84.50	$17.39	$12.64	$0.00	$47.91	$19.48	$13.46			**$31.54**
		Prof Svcs	$187.21	$206.34	$305.16	$309.68	$186.85	$266.34	$243.88	$300.88	$211.72	$255.66			**$247.37**
		Other	$6.87	$0.00	$2.77	$51.39	$1.33	$3.66	$0.70	$4.34	$11.59	$5.25			**$9.77**
		Pharmacy	$148.24	$143.39	$161.14	$167.51	$161.73	$156.50	$157.97	$167.38	$160.25	$226.45			**$165.06**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$542.78**	**$771.81**	**$916.86**	**$1,164.62**	**$438.25**	**$575.22**	**$1,375.66**	**$566.54**	**$1,218.62**	**$550.55**			**$812.09**
	Total Premiums		**$855.26**	**$855.26**	**$860.90**	**$864.72**	**$863.40**	**$861.88**	**$863.40**	**$860.30**	**$866.61**	**$777.72**			**$852.94**
Benefit Package 046	**Employees**		**94**	**94**	**93**	**94**	**94**	**95**	**95**	**94**	**94**	**58**	**85**	**84**	**90**
	Members		**174**	**174**	**170**	**171**	**172**	**172**	**172**	**171**	**171**	**111**	**129**	**128**	**160**
	Claims	Inpatient	$0.00	$0.00	$119.54	$98.39	$439.37	$0.00	$56.52	$0.00	$138.57	$156.53	$319.62	$0.00	**$189.79**
		Outpatient	$0.00	$12.92	$463.84	$136.74	$132.86	$332.89	$99.82	$17.19	$61.73	$249.34	$136.05	$195.99	**$167.21**
		ER	$4.65	$17.73	$12.92	$6.64	$0.64	$0.00	$56.44	$13.44	$4.97	$142.45	$0.00	$82.69	**$34.26**
		Prof Svcs	$188.26	$185.57	$276.99	$278.05	$214.69	$140.96	$317.00	$222.07	$208.08	$498.29	$201.31	$198.24	**$244.13**
		Other	$0.00	$0.00	$2.28	$3.80	$0.00	$3.16	$6.52	$5.50	$0.97	$0.69	$4.45	$0.90	**$3.14**
		Pharmacy	$141.54	$80.49	$91.10	$104.90	$110.30	$55.08	$85.64	$113.18	$124.25	$119.21	$251.76	$226.44	**$125.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$334.44**	**$296.71**	**$966.67**	**$628.52**	**$897.87**	**$532.08**	**$621.94**	**$371.38**	**$538.56**	**$1,166.51**	**$913.19**	**$704.25**	**$664.34**
	Total Premiums		**$845.48**	**$845.48**	**$838.10**	**$835.92**	**$839.12**	**$833.79**	**$833.79**	**$835.92**	**$835.92**	**$919.69**	**$884.89**	**$886.45**	**$852.88**
Benefit Package 047	**Employees**		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**1**			**17**
	Members		**31**	**31**	**31**	**31**	**31**	**31**	**31**	**31**	**31**	**1**			**28**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$495.39	$0.00			**$495.39**
		Outpatient	$2.18	$111.85	$0.00	$0.00	$17.02	$19.09	$13.27	$1.47	$13.94	$0.00			**$25.54**
		ER	$0.00	$8.41	$0.00	$0.00	$18.76	$0.00	$0.00	$0.00	$0.00	$0.00			**$13.58**
		Prof Svcs	$342.75	$226.36	$249.20	$183.68	$449.13	$231.38	$290.23	$221.94	$315.99	$150.14			**$266.08**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.76	$0.00			**$8.76**
		Pharmacy	$137.82	$67.26	$107.05	$150.57	$56.25	$116.49	$174.47	$59.76	$180.79	$870.21			**$192.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$482.76**	**$413.87**	**$356.25**	**$334.25**	**$541.16**	**$366.96**	**$477.97**	**$283.17**	**$1,014.87**	**$1,020.35**			**$529.16**
	Total Premiums		**$870.69**	**$870.69**	**$870.69**	**$870.69**	**$870.69**	**$870.69**	**$870.69**	**$870.69**	**$870.69**	**$699.36**			**$853.55**

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Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 048	**Employees**		**29**	**29**	**29**	**28**	**28**	**28**	**28**	**28**	**28**	**2**	**3**	**3**	**22**
	Members		**54**	**54**	**54**	**53**	**54**	**54**	**54**	**54**	**54**	**5**	**6**	**6**	**42**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$274.07	$0.00	$0.00	$0.00	$257.51	$0.00	$0.00	$0.00	**$265.79**
		Outpatient	$0.00	$0.00	$1.89	$126.98	$0.00	$660.10	$510.30	$109.26	$8.53	$61.57	$0.00	$41.05	**$189.96**
		ER	$0.00	$0.00	$1.16	$0.00	$0.00	$43.28	$28.30	$0.00	$0.00	$0.00	$0.00	$0.00	**$24.25**
		Prof Svcs	$175.63	$148.08	$100.77	$176.26	$213.08	$242.66	$315.46	$175.26	$280.75	$375.61	$159.92	$192.44	**$212.99**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.58	$0.00	$0.00	$0.00	$0.00	$0.00	**$7.58**
		Pharmacy	$109.90	$139.27	$221.78	$153.91	$165.86	$161.32	$167.65	$235.67	$226.02	$368.03	$580.99	$506.83	**$253.10**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$285.53**	**$287.34**	**$325.61**	**$457.15**	**$653.01**	**$1,107.37**	**$1,029.29**	**$520.19**	**$772.82**	**$805.21**	**$740.91**	**$740.31**	**$643.73**
	Total Premiums		**$760.52**	**$760.52**	**$760.52**	**$765.05**	**$774.99**	**$774.99**	**$774.99**	**$774.99**	**$774.99**	**$1,082.86**	**$1,199.65**	**$1,199.65**	**$866.98**
Benefit Package 049	**Employees**		**34**	**34**	**34**	**34**	**33**	**33**	**33**	**33**	**33**	**27**	**25**	**25**	**32**
	Members		**54**	**54**	**54**	**54**	**53**	**53**	**53**	**53**	**53**	**40**	**34**	**34**	**49**
	Claims	Inpatient	$0.00	$604.74	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$604.74**
		Outpatient	$37.56	$167.71	$0.00	$2.18	$0.00	$56.12	$24.45	$59.00	$104.24	$434.59	$0.00	$47.32	**$103.69**
		ER	$0.00	$0.41	$0.00	$0.00	$0.00	$21.82	$0.00	$26.42	$3.30	$42.48	$0.00	$0.00	**$18.89**
		Prof Svcs	$328.96	$437.71	$358.96	$330.86	$218.22	$333.28	$170.94	$163.97	$108.13	$266.29	$173.79	$160.95	**$254.34**
		Other	$52.88	$291.62	$113.74	$88.12	$62.79	$333.52	$217.58	$126.97	$45.18	$73.85	$79.32	$13.96	**$124.96**
		Pharmacy	$62.50	$85.21	$87.35	$66.88	$78.30	$86.21	$65.67	$118.45	$79.88	$59.30	$115.48	$54.96	**$80.02**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$481.90**	**$1,587.38**	**$560.05**	**$488.03**	**$359.31**	**$830.95**	**$478.63**	**$494.82**	**$340.74**	**$876.51**	**$368.59**	**$277.19**	**$595.34**
	Total Premiums		**$915.56**	**$915.56**	**$915.56**	**$915.56**	**$920.45**	**$920.45**	**$920.45**	**$920.45**	**$920.45**	**$996.81**	**$940.80**	**$940.80**	**$928.58**
Benefit Package 050	**Employees**		**55**	**57**	**58**	**57**	**57**	**56**	**56**	**56**	**56**	**58**	**56**	**56**	**57**
	Members		**159**	**163**	**166**	**162**	**162**	**161**	**162**	**161**	**161**	**149**	**142**	**142**	**158**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$415.96	$0.00	$0.00	$50.14	$123.57	$0.00	$155.34	$0.00	**$186.25**
		Outpatient	$67.33	$59.46	$7.57	$17.88	$193.46	$0.00	$15.91	$0.00	$1.88	$232.93	$111.29	$24.86	**$73.25**
		ER	$0.00	$0.00	$0.00	$23.74	$13.98	$9.48	$0.00	$4.14	$27.61	$0.00	$7.88	$4.38	**$13.03**
		Prof Svcs	$363.80	$251.75	$313.55	$185.64	$474.06	$756.68	$342.30	$641.48	$379.72	$335.24	$298.51	$80.06	**$368.57**
		Other	$279.80	$236.68	$488.86	$279.91	$24.11	$47.41	$13.39	$25.98	$88.59	$99.28	$37.93	$10.86	**$136.07**
		Pharmacy	$69.73	$65.96	$133.28	$49.95	$60.02	$108.54	$74.52	$262.64	$136.77	$62.03	$139.34	$149.68	**$109.37**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$780.66**	**$613.85**	**$943.25**	**$557.12**	**$1,181.58**	**$922.11**	**$446.12**	**$984.39**	**$758.13**	**$729.48**	**$750.28**	**$269.83**	**$744.73**
	Total Premiums		**$809.24**	**$800.84**	**$798.14**	**$800.84**	**$800.84**	**$806.29**	**$806.29**	**$806.29**	**$806.29**	**$852.40**	**$834.41**	**$834.41**	**$813.02**
Benefit Package 051	**Employees**		**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**8**	**5**	**5**	**5**	**8**
	Members		**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**11**	**8**	**8**	**8**	**11**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$41.22	$14.78	$0.00	$22.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$26.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$43.78	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$43.78**
		Prof Svcs	$124.45	$141.00	$143.62	$26.53	$90.64	$74.83	$206.01	$235.26	$179.19	$393.15	$125.90	$585.44	**$193.83**
		Other	$5.33	$6.89	$39.33	$4.67	$0.00	$73.67	$11.33	$66.89	$0.00	$7.40	$0.80	$16.40	**$23.27**
		Pharmacy	$10.22	$65.56	$59.44	$29.00	$30.67	$73.56	$31.78	$107.11	$66.88	$86.60	$114.20	$28.60	**$58.63**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$140.01**	**$213.44**	**$283.62**	**$74.97**	**$121.30**	**$287.83**	**$249.12**	**$409.26**	**$246.07**	**$487.15**	**$240.90**	**$630.44**	**$282.01**
	Total Premiums		**$1,087.78**	**$1,087.78**	**$1,087.78**	**$1,087.78**	**$1,087.78**	**$1,087.78**	**$1,087.78**	**$1,087.78**	**$1,223.75**	**$1,333.80**	**$1,333.80**	**$1,333.80**	**$1,160.61**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 052	**Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.67	$237.67	$34.33	$0.00	$0.00	**$92.89**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$338.04	$223.18	$60.58	$600.58	$552.91	$1,147.67	$202.46	$286.23	$127.19	$212.21	$229.33	$94.80	**$339.60**
		Other	$47.00	$930.33	$0.00	$2,554.67	$965.33	$526.33	$0.00	$1,326.67	$244.00	$91.00	$961.00	$0.00	**$849.59**
		Pharmacy	$36.33	$79.33	$0.00	$1.67	$0.00	$6.67	$47.33	$37.67	$0.00	$39.67	$0.00	$0.00	**$35.52**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$421.37**	**$1,232.85**	**$60.58**	**$3,156.91**	**$1,518.24**	**$1,680.67**	**$249.79**	**$1,657.23**	**$608.86**	**$377.21**	**$1,190.33**	**$94.80**	**$1,020.74**
	Total Premiums		**$791.33**	**$791.33**	**$791.33**	**$791.33**	**$791.33**	**$791.33**	**$791.33**	**$791.33**	**$791.33**	**$902.33**	**$902.33**	**$902.33**	**$819.08**
Benefit Package 053	**Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Members		**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**				**6**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5,657.25	$0.00	$0.00				**$5,657.25**
		Outpatient	$2,992.00	$0.00	$0.00	$0.00	$0.00	$10.25	$0.00	$0.00	$0.00				**$1,501.13**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Prof Svcs	$2,237.79	$303.15	$130.22	$502.80	$192.10	$2,034.34	$92.24	$190.09	$39.18				**$635.77**
		Other	$222.75	$29.75	$0.00	$159.75	$152.75	$151.50	$143.00	$79.25	$45.00				**$122.97**
		Pharmacy	$3.75	$19.00	$13.75	$52.50	$22.25	$10.25	$15.25	$11.50	$35.75				**$20.44**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$5,456.29**	**$351.90**	**$143.97**	**$715.05**	**$367.10**	**$2,206.34**	**$5,907.74**	**$280.84**	**$119.93**				**$1,727.68**
	Total Premiums		**$868.50**	**$868.50**	**$868.50**	**$868.50**	**$868.50**	**$868.50**	**$868.50**	**$868.50**	**$868.50**				**$868.50**
Benefit Package 056	**Employees**		**80**	**81**	**80**	**79**	**79**	**79**	**79**	**78**	**78**	**79**	**78**	**79**	**79**
	Members		**193**	**193**	**193**	**192**	**192**	**192**	**192**	**187**	**187**	**184**	**178**	**181**	**189**
	Claims	Inpatient	$0.00	$0.00	$279.48	$0.00	$79.70	$0.00	$0.00	$30.77	$5.36	$0.00	$0.00	$246.32	**$128.32**
		Outpatient	$35.01	$29.12	$4.95	$32.27	$36.10	$7.73	$76.20	$166.28	$29.55	$14.14	$21.35	$63.22	**$42.99**
		ER	$48.80	$0.00	$28.99	$9.99	$56.78	$43.44	$10.72	$69.38	$17.29	$27.38	$66.83	$0.00	**$37.96**
		Prof Svcs	$517.62	$257.20	$330.67	$160.46	$229.92	$276.77	$317.69	$280.53	$182.76	$327.74	$458.91	$287.05	**$302.28**
		Other	$42.19	$30.80	$22.85	$17.41	$51.80	$47.67	$51.70	$60.76	$45.31	$94.84	$34.88	$74.58	**$47.90**
		Pharmacy	$70.94	$65.93	$87.88	$71.78	$77.19	$62.95	$77.11	$98.51	$79.42	$86.91	$83.00	$34.65	**$74.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$714.56**	**$383.05**	**$754.81**	**$291.90**	**$531.49**	**$438.57**	**$533.42**	**$706.24**	**$359.70**	**$551.01**	**$664.98**	**$705.81**	**$552.96**
	Total Premiums		**$825.16**	**$832.00**	**$836.66**	**$838.94**	**$838.94**	**$838.94**	**$838.94**	**$849.69**	**$809.27**	**$907.51**	**$895.22**	**$838.46**	**$845.81**
Benefit Package 057	**Employees**		**15**	**15**	**15**	**15**	**15**	**15**	**16**	**17**	**17**	**16**	**16**	**16**	**16**
	Members		**40**	**39**	**39**	**39**	**39**	**39**	**40**	**41**	**41**	**33**	**33**	**33**	**38**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,568.31	$0.00	**$1,568.31**
		Outpatient	$2.87	$0.00	$0.00	$0.67	$5.73	$6.33	$44.31	$0.00	$59.47	$6.94	$114.19	$0.00	**$30.06**
		ER	$0.00	$0.00	$0.00	$0.00	$13.00	$103.60	$20.19	$0.00	$0.00	$0.00	$56.19	$0.00	**$48.24**
		Prof Svcs	$83.73	$90.27	$76.09	$196.25	$122.39	$221.75	$127.16	$288.76	$317.94	$373.75	$1,420.73	$211.94	**$294.23**
		Other	$9.73	$15.00	$179.40	$86.27	$123.13	$31.07	$54.06	$92.24	$8.18	$64.38	$92.06	$8.94	**$63.70**
		Pharmacy	$22.20	$39.20	$116.33	$39.27	$56.13	$43.40	$76.94	$87.35	$28.53	$77.56	$139.31	$0.00	**$66.02**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$118.53**	**$144.47**	**$371.83**	**$322.45**	**$320.39**	**$406.15**	**$322.66**	**$468.35**	**$414.12**	**$522.62**	**$3,390.79**	**$220.88**	**$585.27**
	Total Premiums		**$724.07**	**$685.20**	**$685.20**	**$685.20**	**$685.20**	**$685.20**	**$675.50**	**$635.76**	**$698.12**	**$774.25**	**$636.75**	**$738.06**	**$692.38**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 058	**Employees**		**38**	**38**	**37**	**36**	**35**	**35**	**35**	**34**	**35**	**39**	**38**	**41**	**37**
	Members		**101**	**101**	**98**	**94**	**92**	**91**	**90**	**88**	**92**	**104**	**103**	**108**	**97**
	Claims	Inpatient	$0.00	$616.11	$0.00	$0.00	$0.00	$0.00	$0.00	$926.91	$424.29	$0.00	$0.00	$0.00	**$655.77**
		Outpatient	$0.00	$21.21	$0.00	$0.00	$3.26	$0.00	$0.00	$0.00	$0.00	$252.26	$0.00	$57.12	**$83.46**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$11.09	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$11.09**
		Prof Svcs	$150.98	$228.47	$157.91	$44.63	$122.29	$118.29	$115.98	$138.77	$158.10	$91.32	$118.74	$81.90	**$127.28**
		Other	$4.11	$71.82	$0.00	$16.08	$3.74	$45.31	$2.20	$125.79	$52.23	$2.28	$7.39	$0.00	**$33.10**
		Pharmacy	$19.24	$19.39	$57.68	$17.69	$13.66	$7.94	$11.00	$5.76	$9.26	$10.79	$10.84	$15.90	**$16.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$174.32**	**$956.99**	**$215.59**	**$78.41**	**$142.95**	**$182.64**	**$129.18**	**$1,197.24**	**$643.87**	**$356.65**	**$136.97**	**$154.93**	**$364.15**
	Total Premiums		**$764.97**	**$764.97**	**$748.78**	**$754.19**	**$750.17**	**$750.17**	**$750.17**	**$744.65**	**$734.34**	**$748.69**	**$883.61**	**$825.76**	**$768.37**
Benefit Package 059	**Employees**		**108**	**108**	**107**	**106**	**105**	**105**	**105**	**104**	**103**	**117**	**324**	**321**	**143**
	Members		**153**	**153**	**153**	**150**	**149**	**153**	**154**	**152**	**151**	**174**	**534**	**530**	**217**
	Claims	Inpatient	$0.00	$1,137.85	$0.00	$106.50	$359.74	$920.34	$7.78	$331.60	$0.00	$5.33	$75.90	$0.00	**$368.13**
		Outpatient	$19.52	$137.16	$66.71	$52.05	$147.61	$0.00	$83.63	$324.92	$13.21	$11.46	$293.48	$81.70	**$111.95**
		ER	$15.66	$12.49	$10.56	$15.28	$9.47	$8.95	$25.67	$3.87	$1.46	$0.02	$2.54	$8.99	**$9.58**
		Prof Svcs	$399.30	$208.26	$269.72	$263.88	$300.79	$386.79	$320.95	$418.25	$184.35	$169.33	$151.73	$234.75	**$275.67**
		Other	$301.16	$140.21	$346.19	$242.07	$241.26	$319.03	$215.11	$161.02	$139.37	$87.63	$139.79	$130.11	**$205.24**
		Pharmacy	$87.95	$67.93	$131.07	$76.56	$89.57	$71.91	$106.14	$101.54	$71.66	$62.82	$152.71	$130.13	**$95.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$823.59**	**$1,703.90**	**$824.25**	**$756.33**	**$1,148.43**	**$1,707.02**	**$759.28**	**$1,341.19**	**$410.05**	**$336.59**	**$816.14**	**$585.67**	**$934.37**
	Total Premiums		**$793.87**	**$787.69**	**$795.06**	**$796.26**	**$797.50**	**$797.50**	**$797.50**	**$799.49**	**$804.10**	**$831.01**	**$866.30**	**$868.31**	**$811.21**
Benefit Package 060	**Employees**		**72**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**94**	**358**	**359**	**122**
	Members		**145**	**144**	**144**	**144**	**144**	**141**	**140**	**139**	**139**	**169**	**630**	**633**	**226**
	Claims	Inpatient	$605.33	$653.10	$836.10	$0.00	$310.74	$0.00	$0.00	$0.00	$0.00	$0.00	$16.26	$3.23	**$404.12**
		Outpatient	$366.51	$79.50	$19.10	$212.65	$354.03	$187.01	$19.82	$296.96	$6.04	$38.24	$64.24	$50.40	**$141.21**
		ER	$3.53	$15.29	$9.33	$18.19	$15.47	$0.78	$1.38	$13.40	$12.61	$14.61	$1.95	$0.00	**$9.69**
		Prof Svcs	$728.59	$385.14	$478.99	$252.02	$341.29	$309.98	$413.48	$406.38	$315.50	$237.36	$103.72	$143.72	**$343.01**
		Other	$399.40	$150.32	$223.40	$129.75	$369.22	$181.82	$147.57	$89.90	$177.86	$194.35	$42.18	$16.75	**$176.88**
		Pharmacy	$235.49	$78.42	$144.75	$69.54	$61.26	$69.01	$95.33	$127.51	$50.89	$63.44	$76.10	$51.33	**$93.59**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$2,338.85**	**$1,361.77**	**$1,711.67**	**$682.16**	**$1,452.01**	**$748.60**	**$677.57**	**$934.16**	**$562.90**	**$548.00**	**$304.45**	**$265.43**	**$965.63**
	Total Premiums		**$903.86**	**$900.49**	**$900.49**	**$900.49**	**$900.49**	**$888.64**	**$880.17**	**$880.17**	**$880.17**	**$879.14**	**$830.51**	**$825.71**	**$880.86**
Benefit Package 061	**Employees**		**43**	**43**	**43**	**43**	**44**	**44**	**44**	**44**	**45**	**73**	**73**	**73**	**51**
	Members		**102**	**103**	**103**	**103**	**104**	**104**	**104**	**104**	**105**	**140**	**140**	**138**	**113**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.28	$2.86	$31.00	$42.34	$0.00	$0.00	$2.84	$0.00	$48.00	$7.66	$2.49	**$17.18**
		ER	$0.00	$14.72	$0.00	$0.00	$13.48	$0.00	$0.00	$1.27	$4.80	$0.00	$2.64	$0.00	**$7.38**
		Prof Svcs	$136.89	$131.81	$154.79	$127.70	$213.11	$218.20	$94.36	$256.08	$189.61	$164.26	$132.43	$91.49	**$159.23**
		Other	$34.23	$15.72	$36.86	$22.91	$22.34	$13.18	$166.16	$72.57	$44.71	$33.08	$19.96	$12.70	**$41.20**
		Pharmacy	$45.42	$77.33	$83.09	$75.14	$97.75	$64.20	$71.75	$111.59	$110.11	$34.18	$41.03	$45.10	**$71.39**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$216.54**	**$239.85**	**$277.60**	**$256.75**	**$389.02**	**$295.59**	**$332.26**	**$444.36**	**$349.23**	**$279.52**	**$203.72**	**$151.78**	**$286.35**
	Total Premiums		**$798.53**	**$812.33**	**$812.33**	**$836.98**	**$805.89**	**$805.89**	**$805.89**	**$805.89**	**$787.98**	**$792.75**	**$789.47**	**$786.16**	**$803.34**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 062	**Employees**		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**19**	**19**	**33**	**261**	**266**	**62**
	Members		**47**	**47**	**47**	**47**	**47**	**47**	**47**	**46**	**46**	**73**	**599**	**606**	**142**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$6.90	$0.00	$964.55	$0.00	$9.60	$7.85	$0.00	$0.00	$0.00	$0.00	$0.01	$1.95	**$165.14**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$38.35	$1.47	$0.00	$0.00	$2.92	$2.38	**$11.28**
		Prof Svcs	$210.02	$154.67	$258.38	$124.18	$202.11	$176.72	$326.44	$320.98	$152.04	$99.72	$84.08	$169.96	**$189.94**
		Other	$82.70	$0.00	$79.85	$3.25	$45.90	$47.75	$54.30	$17.37	$16.32	$25.42	$0.82	$78.26	**$41.08**
		Pharmacy	$44.05	$52.95	$35.10	$88.80	$70.15	$55.90	$36.45	$138.21	$57.11	$0.70	$24.38	$37.82	**$53.47**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$343.67**	**$207.62**	**$1,337.88**	**$216.23**	**$327.76**	**$288.22**	**$455.54**	**$478.04**	**$225.46**	**$125.85**	**$112.21**	**$290.37**	**$367.40**
	Total Premiums		**$845.30**	**$845.30**	**$845.30**	**$845.30**	**$845.30**	**$845.30**	**$845.30**	**$863.00**	**$863.00**	**$898.79**	**$720.47**	**$717.53**	**$831.66**
Benefit Package 063	**Employees**		**861**	**865**	**870**	**877**	**877**	**877**	**882**	**885**	**886**	**1,437**	**1,460**	**1,476**	**1,021**
	Members		**1,612**	**1,614**	**1,621**	**1,632**	**1,631**	**1,628**	**1,637**	**1,644**	**1,650**	**2,347**	**2,381**	**2,407**	**1,817**
	Claims	Inpatient	$51.26	$135.65	$50.65	$30.13	$112.02	$213.66	$11.76	$279.87	$50.57	$309.88	$69.60	$68.66	**$115.31**
		Outpatient	$56.26	$38.03	$71.51	$80.55	$85.65	$46.72	$94.53	$96.07	$81.74	$60.03	$62.23	$33.09	**$67.20**
		ER	$10.82	$13.82	$16.30	$6.29	$21.46	$11.45	$8.93	$17.04	$8.98	$5.43	$11.37	$6.53	**$11.54**
		Prof Svcs	$269.16	$293.33	$289.06	$304.69	$395.04	$278.77	$336.92	$501.28	$251.53	$209.44	$280.24	$286.69	**$308.01**
		Other	$85.15	$76.92	$111.97	$68.88	$115.03	$80.08	$147.56	$122.12	$107.06	$70.23	$58.14	$46.88	**$90.84**
		Pharmacy	$107.29	$80.18	$117.96	$76.67	$80.86	$79.46	$90.35	$127.39	$81.46	$60.82	$84.75	$70.13	**$88.11**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$579.94**	**$637.94**	**$657.46**	**$567.21**	**$810.05**	**$710.15**	**$690.04**	**$1,143.78**	**$581.35**	**$715.83**	**$566.33**	**$511.99**	**$681.00**
	Total Premiums		**$817.54**	**$813.28**	**$813.79**	**$811.58**	**$812.53**	**$810.92**	**$811.16**	**$811.07**	**$812.76**	**$781.03**	**$779.52**	**$780.27**	**$804.62**
Benefit Package 064	**Employees**		**194**	**194**	**195**	**195**	**195**	**196**	**197**	**198**	**197**	**195**	**195**	**195**	**196**
	Members		**441**	**439**	**438**	**433**	**432**	**435**	**434**	**437**	**436**	**434**	**432**	**436**	**436**
	Claims	Inpatient	$28.22	$64.75	$37.72	$1.56	$64.38	$0.00	$0.00	$343.12	$171.69	$10.76	$238.23	$19.83	**$98.03**
		Outpatient	$24.29	$97.25	$99.89	$64.00	$66.98	$45.18	$115.02	$101.28	$27.34	$41.00	$31.75	$23.78	**$61.48**
		ER	$10.51	$10.48	$9.82	$5.07	$6.38	$0.93	$19.13	$3.19	$4.21	$0.00	$26.36	$27.38	**$11.23**
		Prof Svcs	$276.32	$286.38	$243.43	$229.49	$235.77	$244.54	$275.74	$572.41	$329.69	$309.37	$323.05	$171.91	**$291.51**
		Other	$33.19	$133.70	$136.48	$92.05	$108.78	$107.58	$78.61	$141.53	$159.10	$52.80	$120.59	$63.08	**$102.29**
		Pharmacy	$45.13	$86.46	$62.33	$72.87	$90.62	$73.98	$62.35	$96.48	$44.06	$45.02	$58.84	$45.73	**$65.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$417.67**	**$679.03**	**$589.66**	**$465.04**	**$572.91**	**$472.22**	**$550.85**	**$1,258.02**	**$736.08**	**$458.95**	**$798.82**	**$351.71**	**$612.58**
	Total Premiums		**$863.16**	**$870.51**	**$867.87**	**$860.95**	**$860.95**	**$860.79**	**$856.60**	**$855.28**	**$856.60**	**$877.11**	**$876.06**	**$877.30**	**$865.27**
Benefit Package 065	**Employees**		**1,191**	**1,190**	**1,185**	**1,183**	**1,181**	**1,183**	**1,175**	**1,189**	**1,193**	**1,217**	**1,413**	**1,413**	**1,226**
	Members		**2,936**	**2,945**	**2,936**	**2,935**	**2,940**	**2,945**	**2,928**	**2,974**	**2,972**	**3,037**	**3,452**	**3,471**	**3,039**
	Claims	Inpatient	$273.62	$273.48	$94.98	$310.98	$149.49	$203.80	$178.26	$361.41	$168.61	$208.61	$201.47	$86.88	**$209.30**
		Outpatient	$156.01	$130.31	$170.97	$191.63	$230.64	$196.52	$186.68	$279.01	$180.82	$190.73	$143.66	$140.37	**$183.11**
		ER	$23.62	$29.20	$28.08	$24.86	$32.01	$15.10	$45.10	$47.84	$47.70	$64.55	$23.72	$48.71	**$35.88**
		Prof Svcs	$157.28	$121.79	$157.15	$159.02	$188.42	$158.74	$202.76	$234.08	$153.05	$211.05	$180.62	$148.20	**$172.68**
		Other	$94.36	$63.32	$145.47	$100.74	$112.01	$117.15	$121.06	$147.44	$146.30	$128.00	$89.50	$81.88	**$112.27**
		Pharmacy	$90.03	$82.79	$127.06	$99.65	$93.71	$104.81	$101.54	$146.97	$89.56	$98.37	$83.33	$74.35	**$99.35**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$794.92**	**$700.90**	**$723.71**	**$886.88**	**$806.29**	**$796.12**	**$835.40**	**$1,216.75**	**$786.04**	**$901.30**	**$722.30**	**$580.38**	**$812.58**
	Total Premiums		**$998.20**	**$1,001.42**	**$1,001.93**	**$1,003.35**	**$1,004.37**	**$1,004.52**	**$1,004.27**	**$1,005.05**	**$1,001.87**	**$1,000.74**	**$982.16**	**$987.17**	**$999.59**

Washington State Office of the Insurance Commissioner
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Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 066	**Employees**		**778**	**778**	**785**	**788**	**791**	**796**	**795**	**794**	**789**	**811**	**822**	**836**	**797**
	Members		**1,817**	**1,811**	**1,834**	**1,843**	**1,844**	**1,849**	**1,847**	**1,849**	**1,832**	**1,843**	**1,853**	**1,884**	**1,842**
	Claims	Inpatient	$128.37	$97.61	$12.23	$95.54	$46.64	$77.60	$123.87	$141.74	$85.74	$103.04	$86.20	$92.72	**$90.94**
		Outpatient	$64.78	$52.28	$103.04	$89.57	$116.89	$90.97	$55.81	$121.06	$152.23	$56.81	$65.16	$80.28	**$87.41**
		ER	$26.85	$7.49	$67.67	-$32.63	$28.36	$56.69	$16.41	$23.62	$16.86	$41.47	$51.22	$29.76	**$30.34**
		Prof Svcs	$116.21	$121.07	$133.53	$108.45	$190.07	$141.96	$183.81	$242.35	$132.22	$167.53	$167.23	$170.54	**$156.25**
		Other	$100.77	$95.18	$134.94	$92.55	$112.80	$97.18	$138.83	$152.84	$119.26	$119.79	$125.69	$109.86	**$116.64**
		Pharmacy	$82.79	$97.95	$92.91	$98.99	$84.72	$98.66	$125.60	$107.95	$120.99	$108.64	$116.32	$110.40	**$103.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$519.79**	**$471.58**	**$544.33**	**$452.47**	**$579.48**	**$563.06**	**$644.33**	**$789.57**	**$627.30**	**$597.29**	**$611.83**	**$593.56**	**$582.88**
	Total Premiums		**$814.24**	**$805.88**	**$812.20**	**$807.76**	**$810.44**	**$804.92**	**$805.89**	**$806.50**	**$817.09**	**$793.55**	**$799.04**	**$808.86**	**$807.20**
Benefit Package 067	**Employees**		**1,201**	**1,204**	**1,211**	**1,209**	**1,206**	**1,204**	**1,205**	**1,208**	**1,206**	**1,270**	**1,332**	**1,344**	**1,233**
	Members		**2,598**	**2,607**	**2,618**	**2,616**	**2,605**	**2,595**	**2,595**	**2,609**	**2,596**	**2,743**	**2,841**	**2,852**	**2,656**
	Claims	Inpatient	$11.42	$148.55	$120.96	$123.05	$91.83	$150.22	$135.27	$126.99	$231.84	$53.14	$28.97	$134.75	**$113.08**
		Outpatient	$66.04	$52.08	$49.11	$75.99	$94.12	$70.69	$81.55	$104.68	$83.00	$70.24	$63.93	$72.65	**$73.67**
		ER	$12.26	$27.14	$10.22	$6.42	$11.01	$11.39	$7.63	$15.79	$14.78	$19.38	$25.23	$11.04	**$14.36**
		Prof Svcs	$158.73	$178.88	$171.70	$221.66	$206.80	$196.31	$225.21	$229.01	$199.51	$170.36	$137.56	$212.45	**$192.35**
		Other	$102.90	$102.40	$109.54	$122.35	$137.57	$108.30	$148.47	$141.22	$116.92	$109.23	$82.47	$81.27	**$113.55**
		Pharmacy	$77.46	$52.00	$47.82	$70.97	$67.08	$82.33	$64.71	$81.93	$84.64	$84.81	$74.96	$70.45	**$71.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$428.80**	**$561.05**	**$509.35**	**$620.44**	**$608.40**	**$619.23**	**$662.84**	**$699.62**	**$730.70**	**$507.15**	**$413.12**	**$582.61**	**$578.61**
	Total Premiums		**$766.22**	**$768.95**	**$772.32**	**$769.05**	**$766.37**	**$758.31**	**$765.15**	**$764.47**	**$762.57**	**$806.37**	**$793.77**	**$798.61**	**$774.35**
Benefit Package 068	**Employees**		**523**	**526**	**528**	**529**	**529**	**529**	**529**	**531**	**529**	**514**	**518**	**522**	**526**
	Members		**1,194**	**1,194**	**1,198**	**1,202**	**1,207**	**1,207**	**1,205**	**1,217**	**1,215**	**1,190**	**1,192**	**1,192**	**1,201**
	Claims	Inpatient	$80.77	$59.33	$57.45	$183.64	$50.24	$117.02	$236.13	$252.04	$146.01	$55.50	$63.06	$118.33	**$118.29**
		Outpatient	$75.05	$69.44	$65.81	$59.11	$137.49	$152.28	$176.09	$106.70	$55.41	$142.25	$120.17	$124.16	**$107.00**
		ER	$19.60	$32.25	$39.07	$37.14	$50.04	$12.74	$34.73	$9.10	$20.53	$52.22	$47.80	$27.94	**$31.93**
		Prof Svcs	$249.61	$274.98	$261.95	$253.73	$287.08	$297.36	$371.45	$363.45	$166.37	$250.70	$303.48	$275.27	**$279.62**
		Other	$127.45	$199.06	$143.88	$159.27	$194.74	$163.71	$173.54	$197.78	$164.34	$186.57	$164.76	$199.78	**$172.91**
		Pharmacy	$81.20	$82.23	$129.80	$118.30	$78.12	$89.25	$123.87	$120.59	$99.26	$106.44	$101.15	$104.94	**$102.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$633.68**	**$717.29**	**$697.96**	**$811.20**	**$797.71**	**$832.35**	**$1,115.81**	**$1,049.65**	**$651.90**	**$793.68**	**$800.42**	**$850.41**	**$812.67**
	Total Premiums		**$1,013.57**	**$1,000.21**	**$995.81**	**$997.64**	**$1,006.50**	**$1,004.82**	**$1,003.62**	**$1,004.37**	**$1,008.05**	**$1,016.96**	**$1,004.01**	**$1,001.56**	**$1,004.76**
Benefit Package 069	**Employees**		**1,096**	**1,097**	**1,097**	**1,093**	**1,096**	**1,097**	**1,095**	**1,086**	**1,084**	**1,119**	**1,137**	**1,138**	**1,103**
	Members		**2,001**	**2,006**	**2,002**	**2,008**	**2,013**	**2,017**	**2,018**	**1,993**	**1,983**	**1,994**	**2,011**	**2,012**	**2,005**
	Claims	Inpatient	$149.14	$204.67	$141.21	$189.43	$162.44	$97.05	$140.95	$193.81	$375.49	$169.85	$101.29	$105.26	**$169.22**
		Outpatient	$84.07	$46.51	$70.25	$56.51	$155.38	$71.29	$161.41	$124.78	$82.58	$100.41	$71.21	$39.27	**$88.64**
		ER	$20.52	$13.92	$22.27	$7.24	$23.21	$15.91	$27.73	$14.42	$17.61	$28.90	$1.77	$24.36	**$18.16**
		Prof Svcs	$185.32	$168.83	$179.43	$192.79	$246.16	$225.33	$250.37	$285.10	$176.64	$234.48	$164.36	$181.43	**$207.52**
		Other	$109.98	$125.95	$119.53	$119.19	$128.63	$115.67	$132.44	$180.98	$112.17	$223.28	$118.57	$86.35	**$131.06**
		Pharmacy	$91.90	$98.87	$86.10	$103.49	$94.03	$101.39	$103.55	$110.95	$95.29	$60.45	$65.02	$56.39	**$88.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$640.93**	**$658.75**	**$618.79**	**$668.65**	**$809.85**	**$626.65**	**$816.45**	**$910.03**	**$859.78**	**$817.36**	**$522.22**	**$493.07**	**$703.54**
	Total Premiums		**$834.98**	**$843.25**	**$841.60**	**$838.69**	**$842.13**	**$839.82**	**$840.74**	**$838.93**	**$842.74**	**$903.56**	**$903.40**	**$893.53**	**$855.28**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 070	**Employees**		**515**	**505**	**507**	**506**	**506**	**505**	**505**	**501**	**499**	**498**	**501**	**501**	**504**
	Members		**752**	**734**	**733**	**730**	**729**	**726**	**730**	**721**	**715**	**702**	**705**	**702**	**723**
	Claims	Inpatient	$182.99	$51.70	$922.69	$1,296.42	$478.78	$0.00	$218.94	$383.71	$136.80	$179.68	$119.16	$78.70	**$368.14**
		Outpatient	$219.42	$124.78	$205.53	$361.46	$323.66	$116.70	$190.45	$157.41	$153.66	$231.05	$108.03	$161.60	**$196.15**
		ER	$44.96	$60.35	$48.16	$33.07	$54.41	$24.22	$29.49	$40.11	$49.38	$21.02	$32.53	$11.41	**$37.43**
		Prof Svcs	$204.65	$183.32	$208.02	$153.36	$166.19	$175.53	$221.15	$181.62	$143.07	$120.64	$116.19	$137.47	**$167.60**
		Other	$99.46	$65.22	$126.43	$55.07	$91.83	$74.88	$76.23	$83.25	$65.75	$69.16	$77.08	$59.86	**$78.68**
		Pharmacy	$74.44	$88.73	$90.84	$97.86	$88.79	$99.42	$122.17	$84.43	$124.09	$91.43	$68.63	$97.37	**$94.02**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$825.93**	**$574.10**	**$1,601.67**	**$1,997.24**	**$1,203.66**	**$490.76**	**$858.43**	**$930.53**	**$672.76**	**$712.97**	**$521.62**	**$546.40**	**$911.34**
	Total Premiums		**$753.50**	**$737.40**	**$742.54**	**$737.71**	**$732.34**	**$743.18**	**$742.30**	**$738.55**	**$740.23**	**$734.30**	**$738.78**	**$725.68**	**$738.88**
Benefit Package 071	**Employees**		**4,543**	**4,542**	**4,541**	**4,529**	**4,517**	**4,502**	**4,493**	**4,470**	**4,470**	**4,381**	**4,292**	**4,304**	**4,465**
	Members		**8,861**	**8,848**	**8,838**	**8,814**	**8,773**	**8,734**	**8,724**	**8,671**	**8,664**	**8,328**	**8,008**	**8,008**	**8,606**
	Claims	Inpatient	$98.15	$75.91	$103.39	$124.29	$132.00	$189.84	$148.93	$183.36	$100.52	$84.46	$92.76	$79.96	**$117.80**
		Outpatient	$136.20	$97.44	$128.94	$114.47	$154.70	$127.84	$141.08	$147.78	$178.78	$108.31	$136.74	$99.61	**$130.99**
		ER	$32.26	$25.17	$38.86	$9.26	$53.75	$25.49	$29.50	$21.22	$28.50	$29.90	$21.43	$22.74	**$28.17**
		Prof Svcs	$198.55	$174.44	$198.55	$214.85	$217.75	$191.83	$233.67	$260.89	$201.00	$196.88	$178.89	$186.47	**$204.48**
		Other	$131.74	$105.78	$127.84	$112.10	$120.08	$104.41	$153.45	$150.55	$125.62	$123.31	$101.24	$106.33	**$121.87**
		Pharmacy	$78.37	$74.32	$74.59	$81.14	$82.24	$73.70	$85.26	$86.03	$91.55	$83.56	$86.94	$88.22	**$82.16**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$675.28**	**$553.06**	**$672.17**	**$656.12**	**$760.52**	**$713.12**	**$791.88**	**$849.83**	**$725.97**	**$626.41**	**$618.01**	**$583.32**	**$685.47**
	Total Premiums		**$838.96**	**$839.05**	**$836.59**	**$837.09**	**$836.23**	**$836.29**	**$836.78**	**$835.52**	**$835.72**	**$891.46**	**$880.08**	**$879.55**	**$848.61**
Benefit Package 072	**Employees**		**3,609**	**3,608**	**3,617**	**3,622**	**3,630**	**3,635**	**3,634**	**3,620**	**3,618**	**3,197**	**3,224**	**3,228**	**3,520**
	Members		**6,833**	**6,818**	**6,840**	**6,849**	**6,855**	**6,865**	**6,873**	**6,831**	**6,828**	**5,699**	**5,712**	**5,701**	**6,559**
	Claims	Inpatient	$186.58	$83.20	$123.81	$217.12	$136.94	$125.89	$97.23	$105.51	$131.72	$126.98	$208.94	$170.31	**$142.85**
		Outpatient	$93.25	$64.66	$55.26	$70.59	$95.09	$61.99	$67.57	$127.68	$101.64	$64.49	$108.64	$114.58	**$85.45**
		ER	$19.10	$21.02	$23.73	$13.18	$19.34	$31.04	$20.08	$17.09	$19.61	$28.19	$39.60	$22.26	**$22.85**
		Prof Svcs	$209.36	$173.29	$204.67	$217.47	$243.79	$188.29	$225.01	$224.29	$206.59	$214.39	$197.59	$178.26	**$206.92**
		Other	$105.04	$101.59	$105.96	$118.40	$136.87	$104.48	$129.35	$139.60	$118.68	$149.22	$121.43	$106.11	**$119.73**
		Pharmacy	$76.43	$60.04	$61.06	$77.25	$75.85	$74.97	$80.09	$71.50	$73.28	$78.95	$53.06	$73.32	**$71.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$689.75**	**$503.80**	**$574.49**	**$714.00**	**$707.88**	**$586.66**	**$619.34**	**$685.67**	**$651.52**	**$662.22**	**$729.26**	**$664.83**	**$649.12**
	Total Premiums		**$828.69**	**$827.19**	**$826.73**	**$823.76**	**$824.44**	**$823.39**	**$827.67**	**$821.15**	**$823.67**	**$868.28**	**$865.73**	**$859.84**	**$835.05**
Benefit Package 073	**Employees**		**622**	**624**	**621**	**622**	**625**	**625**	**622**	**619**	**621**	**613**	**621**	**626**	**622**
	Members		**1,504**	**1,499**	**1,485**	**1,486**	**1,491**	**1,492**	**1,486**	**1,490**	**1,498**	**1,468**	**1,491**	**1,493**	**1,490**
	Claims	Inpatient	$143.84	$91.98	$194.90	$21.28	$493.37	$71.91	$152.19	$194.72	$151.75	$341.92	$310.60	$208.85	**$198.11**
		Outpatient	$100.35	$85.36	$106.66	$44.52	$59.00	$228.68	$108.16	$266.52	$150.10	$55.11	$81.17	$129.17	**$117.90**
		ER	$31.72	$26.09	$17.54	$31.24	$50.16	$9.48	$24.87	$22.74	$36.83	$37.31	$12.12	$21.01	**$26.76**
		Prof Svcs	$146.24	$136.20	$137.46	$160.45	$137.70	$147.82	$166.66	$185.43	$109.49	$165.75	$154.21	$152.13	**$149.96**
		Other	$86.61	$91.10	$83.85	$94.34	$101.67	$61.44	$82.23	$88.80	$83.03	$131.61	$72.27	$69.40	**$87.20**
		Pharmacy	$103.85	$84.15	$88.37	$79.50	$98.89	$85.46	$79.17	$85.64	$112.25	$85.06	$105.67	$131.46	**$94.96**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$612.62**	**$514.88**	**$628.79**	**$431.32**	**$940.78**	**$604.79**	**$613.28**	**$843.86**	**$643.46**	**$816.76**	**$736.05**	**$712.02**	**$674.89**
	Total Premiums		**$828.18**	**$823.03**	**$822.12**	**$823.66**	**$819.09**	**$821.07**	**$818.31**	**$824.36**	**$823.10**	**$819.95**	**$820.51**	**$811.07**	**$821.20**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 074	**Employees**		**2,735**	**2,746**	**2,753**	**2,751**	**2,747**	**2,748**	**2,739**	**2,727**	**2,721**	**2,866**	**2,868**	**2,872**	**2,773**
	Members		**5,065**	**5,081**	**5,079**	**5,076**	**5,072**	**5,064**	**5,051**	**5,005**	**4,984**	**4,988**	**4,935**	**4,927**	**5,027**
	Claims	Inpatient	$72.64	$72.38	$72.94	$294.54	$80.09	$126.08	$128.84	$74.62	$115.07	$41.27	$160.97	$102.98	**$111.87**
		Outpatient	$83.51	$71.20	$75.22	$79.62	$91.37	$74.24	$129.91	$125.39	$133.93	$102.21	$120.50	$128.00	**$101.26**
		ER	$12.13	$6.11	$12.53	$11.20	$18.41	$14.03	$10.35	$21.94	$12.17	$13.05	$15.87	$15.04	**$13.57**
		Prof Svcs	$146.16	$149.92	$214.82	$170.60	$201.78	$197.73	$211.75	$226.01	$143.78	$179.06	$185.09	$165.45	**$182.68**
		Other	$91.71	$76.34	$89.93	$85.61	$95.64	$90.99	$102.12	$105.79	$84.03	$109.43	$94.84	$82.30	**$92.39**
		Pharmacy	$64.65	$68.16	$65.68	$83.17	$84.96	$82.09	$109.57	$71.94	$96.32	$80.25	$76.46	$85.68	**$80.74**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$470.80**	**$444.12**	**$531.11**	**$724.73**	**$572.25**	**$585.16**	**$692.56**	**$625.69**	**$585.30**	**$525.27**	**$653.73**	**$579.45**	**$582.51**
	Total Premiums		**$777.11**	**$773.52**	**$774.25**	**$770.21**	**$771.83**	**$776.68**	**$771.48**	**$771.94**	**$766.75**	**$804.38**	**$804.48**	**$800.36**	**$780.25**
Benefit Package 075	**Employees**		**1,448**	**1,447**	**1,445**	**1,441**	**1,440**	**1,437**	**1,430**	**1,425**	**1,423**	**1,426**	**1,479**	**1,482**	**1,444**
	Members		**2,926**	**2,920**	**2,920**	**2,921**	**2,913**	**2,915**	**2,892**	**2,870**	**2,869**	**2,884**	**2,976**	**2,980**	**2,916**
	Claims	Inpatient	$60.66	$90.64	$232.88	$627.32	$139.60	$69.69	$384.33	$103.17	$328.30	$213.23	$48.44	$128.44	**$202.22**
		Outpatient	$120.33	$46.03	$106.73	$157.76	$141.66	$97.58	$148.15	$83.16	$160.51	$154.08	$100.09	$108.29	**$118.70**
		ER	$28.70	$23.02	$26.01	$21.56	$27.57	$29.04	$40.99	$31.39	$20.89	$51.43	$45.11	$25.15	**$30.90**
		Prof Svcs	$198.07	$195.39	$236.93	$224.55	$251.28	$256.17	$345.38	$278.53	$195.46	$231.01	$227.61	$253.38	**$241.15**
		Other	$126.55	$122.47	$125.92	$111.30	$195.39	$145.05	$177.56	$164.26	$129.25	$163.68	$144.53	$165.62	**$147.63**
		Pharmacy	$112.42	$143.62	$116.27	$146.33	$128.95	$125.55	$144.79	$145.94	$168.43	$151.67	$146.75	$131.23	**$138.50**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$646.73**	**$621.17**	**$844.74**	**$1,288.81**	**$884.46**	**$723.08**	**$1,241.20**	**$806.45**	**$1,002.84**	**$965.09**	**$712.53**	**$812.10**	**$879.10**
	Total Premiums		**$963.33**	**$968.05**	**$967.51**	**$966.54**	**$965.46**	**$967.49**	**$965.11**	**$965.61**	**$960.03**	**$960.09**	**$964.83**	**$960.29**	**$964.53**
Benefit Package 076	**Employees**		**2,981**	**2,981**	**2,986**	**2,987**	**2,988**	**2,987**	**2,985**	**2,978**	**2,980**	**2,858**	**2,754**	**2,762**	**2,936**
	Members		**5,717**	**5,717**	**5,728**	**5,727**	**5,726**	**5,715**	**5,714**	**5,702**	**5,706**	**5,424**	**5,175**	**5,191**	**5,604**
	Claims	Inpatient	$90.67	$165.77	$159.09	$155.17	$214.27	$129.23	$157.62	$132.94	$126.25	$146.57	$81.45	$177.64	**$144.72**
		Outpatient	$135.16	$91.91	$121.73	$74.84	$76.98	$94.26	$151.96	$114.65	$140.87	$90.68	$87.30	$115.13	**$107.96**
		ER	$35.39	$22.08	$23.46	$14.58	$36.82	$16.58	$21.96	$43.33	$35.54	$36.14	$37.99	$27.40	**$29.27**
		Prof Svcs	$222.85	$196.39	$245.69	$200.09	$250.27	$215.97	$244.85	$266.15	$187.61	$208.52	$216.39	$186.86	**$220.14**
		Other	$153.18	$116.29	$144.29	$121.37	$131.60	$139.41	$140.77	$140.72	$123.99	$178.15	$136.48	$120.68	**$137.24**
		Pharmacy	$90.05	$74.34	$75.27	$96.65	$75.49	$76.72	$86.44	$99.60	$90.49	$88.45	$82.70	$78.26	**$84.54**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$727.30**	**$666.77**	**$769.53**	**$662.70**	**$785.43**	**$672.17**	**$803.59**	**$797.39**	**$704.75**	**$748.52**	**$642.31**	**$705.98**	**$723.87**
	Total Premiums		**$868.10**	**$865.22**	**$863.66**	**$864.38**	**$863.17**	**$863.90**	**$862.28**	**$863.01**	**$864.09**	**$872.49**	**$877.39**	**$863.04**	**$865.89**
Benefit Package 077	**Employees**		**267**	**268**	**268**	**266**	**267**	**267**	**265**	**263**	**263**	**188**	**196**	**196**	**248**
	Members		**505**	**506**	**503**	**497**	**499**	**497**	**495**	**488**	**484**	**333**	**355**	**356**	**460**
	Claims	Inpatient	$116.51	$24.02	$276.80	$149.01	$140.01	$38.69	$180.74	$15.77	$7.65	$38.54	$9.98	$249.06	**$103.90**
		Outpatient	$188.08	$21.96	$50.29	$67.01	$35.67	$35.11	$232.48	$65.70	$104.69	$32.36	$5.18	$6.97	**$70.46**
		ER	$7.93	$21.20	$24.14	$0.00	$36.09	$37.03	$21.10	$16.95	$33.34	$42.79	$4.17	$16.38	**$23.74**
		Prof Svcs	$234.14	$144.58	$204.85	$194.77	$163.62	$238.56	$232.59	$375.58	$138.56	$113.42	$143.85	$219.91	**$200.37**
		Other	$127.03	$101.52	$144.37	$136.08	$121.10	$85.82	$115.60	$139.80	$113.09	$150.88	$105.46	$128.87	**$122.47**
		Pharmacy	$82.76	$102.52	$127.34	$100.96	$131.45	$90.42	$85.18	$75.43	$63.95	$29.32	$29.85	$28.00	**$78.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$756.44**	**$415.79**	**$827.78**	**$647.84**	**$627.94**	**$525.63**	**$867.68**	**$689.23**	**$461.27**	**$407.31**	**$298.48**	**$649.18**	**$597.88**
	Total Premiums		**$865.17**	**$871.31**	**$867.90**	**$866.44**	**$862.03**	**$866.79**	**$864.57**	**$855.01**	**$856.21**	**$846.55**	**$833.41**	**$837.06**	**$857.70**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 078	**Employees**		**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			**5**
	Members		**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			**5**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$451.73	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$451.73**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$578.19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$578.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,029.92**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**			**$1,029.92**
	Total Premiums		**$947.84**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**			**$947.84**
Benefit Package 079	**Employees**		**29,610**	**29,626**	**29,599**	**29,575**	**29,563**	**29,538**	**29,514**	**29,366**	**29,318**	**26,634**			**29,234**
	Members		**50,064**	**50,047**	**49,976**	**49,942**	**49,911**	**49,883**	**49,833**	**49,624**	**49,516**	**45,575**			**49,437**
	Claims	Inpatient	$142.37	$131.50	$152.23	$173.63	$147.76	$232.19	$185.54	$175.36	$167.17	$258.53			**$176.63**
		Outpatient	$190.66	$172.91	$185.03	$180.88	$188.38	$200.80	$231.27	$219.48	$172.65	$210.27			**$195.23**
		ER	$27.71	$24.59	$25.12	$29.01	$28.83	$27.29	$33.11	$26.81	$26.97	$29.06			**$27.85**
		Prof Svcs	$254.51	$242.91	$245.94	$259.32	$253.57	$258.43	$317.35	$313.94	$247.50	$277.69			**$267.12**
		Other	$10.29	$12.68	$8.74	$13.06	$11.54	$12.78	$11.22	$14.22	$15.55	$10.67			**$12.07**
		Pharmacy	$167.80	$154.52	$165.28	$169.13	$170.51	$171.03	$181.45	$182.77	$173.12	$187.71			**$172.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$793.34**	**$739.11**	**$782.35**	**$825.03**	**$800.60**	**$902.52**	**$959.95**	**$932.57**	**$802.95**	**$973.93**			**$851.23**
	Total Premiums		**$818.36**	**$815.53**	**$815.32**	**$815.54**	**$815.43**	**$815.73**	**$815.91**	**$816.14**	**$816.09**	**$816.98**			**$816.10**
Benefit Package 080	**Employees**		**11,981**	**12,009**	**12,030**	**12,035**	**12,045**	**12,046**	**12,019**	**11,999**	**11,990**	**11,757**			**11,991**
	Members		**25,756**	**25,838**	**25,828**	**25,830**	**25,843**	**25,819**	**25,762**	**25,737**	**25,681**	**24,924**			**25,702**
	Claims	Inpatient	$116.80	$95.89	$103.79	$144.09	$128.51	$157.32	$116.32	$122.93	$128.79	$117.85			**$123.23**
		Outpatient	$139.56	$133.52	$157.10	$136.63	$137.04	$149.21	$196.72	$177.78	$141.58	$185.10			**$155.42**
		ER	$23.08	$24.26	$29.59	$28.45	$26.43	$28.60	$27.79	$30.88	$22.43	$31.85			**$27.34**
		Prof Svcs	$200.59	$183.93	$192.52	$205.10	$204.33	$203.76	$226.36	$252.75	$188.87	$220.41			**$207.86**
		Other	$9.50	$7.12	$7.63	$10.37	$7.03	$8.82	$8.73	$10.23	$12.55	$9.05			**$9.10**
		Pharmacy	$129.16	$118.10	$126.11	$132.86	$127.53	$127.86	$148.39	$142.27	$133.12	$144.10			**$132.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$618.68**	**$562.82**	**$616.74**	**$657.50**	**$630.87**	**$675.55**	**$724.31**	**$736.85**	**$627.34**	**$708.35**			**$655.90**
	Total Premiums		**$819.71**	**$817.22**	**$816.47**	**$816.22**	**$815.86**	**$815.50**	**$815.75**	**$816.08**	**$815.79**	**$810.47**			**$815.91**
Benefit Package 081	**Employees**		**11,200**	**11,182**	**11,145**	**11,121**	**11,098**	**11,080**	**11,036**	**10,973**	**10,937**	**9,977**			**10,975**
	Members		**18,511**	**18,488**	**18,437**	**18,422**	**18,385**	**18,344**	**18,270**	**18,140**	**18,072**	**16,636**			**18,171**
	Claims	Inpatient	$181.26	$207.35	$247.27	$189.43	$205.74	$251.24	$281.25	$143.83	$159.07	$153.28			**$201.97**
		Outpatient	$211.52	$205.16	$241.81	$204.85	$217.61	$219.04	$273.49	$268.15	$197.34	$235.79			**$227.47**
		ER	$36.53	$28.32	$41.00	$33.18	$40.66	$37.42	$37.16	$34.46	$35.34	$29.87			**$35.39**
		Prof Svcs	$333.62	$310.34	$323.18	$351.37	$339.42	$331.99	$382.34	$373.24	$303.90	$366.98			**$341.64**
		Other	$11.60	$13.60	$10.74	$9.25	$11.26	$10.39	$13.11	$11.70	$17.31	$16.39			**$12.54**
		Pharmacy	$190.27	$180.05	$184.97	$192.18	$200.13	$192.07	$213.40	$214.44	$194.65	$228.75			**$199.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$964.80**	**$944.83**	**$1,048.96**	**$980.27**	**$1,014.82**	**$1,042.15**	**$1,200.74**	**$1,045.82**	**$907.60**	**$1,031.06**			**$1,018.11**
	Total Premiums		**$945.57**	**$943.24**	**$943.24**	**$943.49**	**$943.35**	**$943.33**	**$943.50**	**$943.53**	**$943.21**	**$944.60**			**$943.70**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 082	**Employees**		**67**	**66**	**66**	**66**	**65**	**65**	**65**	**65**	**65**	**47**	**42**	**42**	**60**
	Members		**93**	**91**	**91**	**90**	**89**	**89**	**89**	**89**	**89**	**62**	**56**	**56**	**82**
	Claims	Inpatient	$0.00	$0.00	$135.16	$0.00	$0.00	$0.00	$0.00	$174.81	$0.00	$0.00	$0.00	$0.00	**$154.99**
		Outpatient	$34.15	$0.00	$17.06	$42.56	$13.30	$49.20	$36.36	$44.05	$264.38	$0.00	$28.78	$241.25	**$77.11**
		ER	$30.56	$58.69	$0.00	$0.00	$0.00	$51.38	$0.40	$10.47	$48.46	$0.00	$29.24	$21.26	**$31.31**
		Prof Svcs	$354.10	$269.77	$377.51	$173.66	$306.67	$177.66	$297.52	$725.54	$210.73	$262.90	$269.79	$194.97	**$301.73**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$220.71	$105.51	$216.21	$90.80	$128.00	$222.86	$101.82	$121.51	$219.58	$145.45	$99.84	$155.96	**$152.35**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$639.51**	**$433.96**	**$745.95**	**$307.02**	**$447.96**	**$501.11**	**$436.10**	**$1,076.38**	**$743.15**	**$408.35**	**$427.65**	**$613.43**	**$565.05**
	Total Premiums		**$729.17**	**$726.36**	**$726.36**	**$726.36**	**$727.22**	**$727.22**	**$727.22**	**$727.22**	**$727.22**	**$723.79**	**$846.82**	**$846.82**	**$746.81**
Benefit Package 083	**Employees**		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**			**2**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**			**4**
	Claims	Inpatient	$20,019.47	$0.00	$10,103.59	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$15,061.53**
		Outpatient	$0.00	$0.00	$789.10	$97.11	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$443.10**
		ER	$0.00	$0.00	$15.36	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$15.36**
		Prof Svcs	$1,249.69	$877.63	$1,351.57	$704.81	$562.20	$91.11	$273.23	$1,377.58	$493.48	$2,512.62			**$949.39**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$171.27	$181.32	$878.28	$168.13	$204.81	$18.46	$241.19	$126.27	$138.47	$166.06			**$229.42**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$21,440.43**	**$1,058.95**	**$13,137.90**	**$970.05**	**$767.01**	**$109.56**	**$514.42**	**$1,503.85**	**$631.95**	**$2,678.67**			**$4,281.28**
	Total Premiums		**$743.73**	**$743.73**	**$743.73**	**$743.73**	**$743.73**	**$743.73**	**$743.73**	**$743.73**	**$743.73**	**$743.73**			**$743.73**
Benefit Package 084	**Employees**		**82**	**82**	**81**	**80**	**80**	**81**	**80**	**80**	**80**	**62**			**79**
	Members		**184**	**187**	**181**	**182**	**183**	**183**	**180**	**184**	**182**	**149**			**180**
	Claims	Inpatient	$208.00	$88.57	$67.14	$743.52	$89.66	$0.00	$0.00	$541.23	$143.22	$252.26			**$266.70**
		Outpatient	$26.68	$189.96	$52.37	$0.00	$46.27	$0.00	$125.66	$371.31	$53.07	$5.30			**$108.83**
		ER	$0.00	$35.88	$11.03	$5.50	$12.58	$40.82	$31.49	$130.94	$23.33	$0.00			**$36.45**
		Prof Svcs	$284.08	$364.40	$280.84	$200.02	$427.48	$254.45	$291.13	$574.75	$292.74	$412.88			**$338.28**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$131.59	$59.39	$130.46	$115.14	$141.76	$224.13	$219.72	$105.39	$305.30	$220.65			**$165.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$650.35**	**$738.20**	**$541.84**	**$1,064.19**	**$717.76**	**$519.40**	**$668.00**	**$1,723.64**	**$817.67**	**$891.09**			**$833.21**
	Total Premiums		**$666.19**	**$662.84**	**$662.34**	**$663.60**	**$663.60**	**$661.46**	**$660.20**	**$667.00**	**$663.60**	**$678.55**			**$664.94**
Benefit Package 085	**Employees**		**11**	**11**	**11**	**11**	**11**	**11**	**11**	**10**	**10**	**2**	**4**	**4**	**9**
	Members		**15**	**15**	**15**	**15**	**15**	**15**	**15**	**14**	**14**	**4**	**6**	**6**	**12**
	Claims	Inpatient	$318.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$318.01**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$243.94	$0.00	$0.00	$0.00	$0.00	$300.59	$0.00	**$272.27**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$522.39	$137.59	$135.69	$170.50	$144.81	$133.23	$164.63	$538.16	$121.56	$472.20	$538.48	$668.20	**$312.29**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$275.79	$323.85	$290.34	$312.93	$302.78	$308.03	$285.65	$677.55	$307.84	$1,671.83	$845.04	$729.25	**$527.57**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,116.20**	**$461.44**	**$426.03**	**$483.43**	**$447.59**	**$685.21**	**$450.29**	**$1,215.70**	**$429.41**	**$2,144.02**	**$1,684.11**	**$1,397.45**	**$911.74**
	Total Premiums		**$692.47**	**$692.47**	**$692.47**	**$692.47**	**$692.47**	**$692.47**	**$692.47**	**$700.15**	**$700.15**	**$728.14**	**$795.06**	**$795.06**	**$713.82**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 086	**Employees**		**29**	**29**	**29**	**29**	**28**	**28**	**28**	**28**	**28**	**29**	**42**	**42**	**31**
	Members		**90**	**90**	**89**	**90**	**85**	**85**	**85**	**80**	**80**	**81**	**107**	**113**	**90**
	Claims	Inpatient	$0.00	$0.00	$0.00	$168.65	$1,523.94	$0.00	$1,525.73	$0.00	$0.00	$235.67	$2.86	$0.00	**$691.37**
		Outpatient	$0.00	$0.00	$0.00	$2.99	$173.67	$0.00	$0.00	$0.00	$0.00	$1,458.14	$0.00	$37.12	**$417.98**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$20.14	$0.00	$0.00	$0.00	$0.00	**$20.14**
		Prof Svcs	$58.49	$34.47	$138.54	$236.44	$301.24	$404.47	$143.29	$139.28	$1,151.29	$995.25	$133.06	$80.73	**$318.05**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$35.14	$42.30	$51.57	$86.30	$77.00	$42.83	$114.74	$67.78	$110.48	$33.75	$62.37	$71.81	**$66.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$93.64**	**$76.77**	**$190.12**	**$494.38**	**$2,075.86**	**$447.30**	**$1,783.77**	**$227.21**	**$1,261.76**	**$2,722.81**	**$198.29**	**$189.66**	**$813.46**
	Total Premiums		**$460.08**	**$460.08**	**$460.08**	**$460.08**	**$455.05**	**$455.05**	**$455.05**	**$442.84**	**$442.84**	**$442.22**	**$521.12**	**$518.64**	**$464.43**
Benefit Package 087	**Employees**		**189**	**189**	**190**	**191**	**191**	**190**	**190**	**189**	**188**	**179**			**189**
	Members		**273**	**273**	**275**	**274**	**274**	**272**	**271**	**271**	**269**	**258**			**271**
	Claims	Inpatient	$134.34	$80.11	$73.75	$0.00	$0.00	$50.53	$522.66	$216.42	$198.66	$0.00			**$182.35**
		Outpatient	$118.35	$16.08	$109.48	$70.97	$238.73	$122.82	$36.81	$89.21	$10.58	$173.36			**$98.64**
		ER	$66.58	$24.99	$31.61	$0.39	$53.61	$127.41	$27.58	$10.69	$20.71	$11.94			**$37.55**
		Prof Svcs	$408.52	$282.61	$441.64	$264.09	$374.52	$257.06	$373.06	$475.99	$399.58	$298.93			**$357.60**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$180.14	$106.53	$155.22	$76.84	$190.78	$154.10	$150.67	$203.11	$153.93	$173.05			**$154.44**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$907.93**	**$510.33**	**$811.69**	**$412.29**	**$857.64**	**$711.92**	**$1,110.78**	**$995.41**	**$783.47**	**$657.28**			**$775.87**
	Total Premiums		**$757.05**	**$757.05**	**$756.49**	**$752.82**	**$752.82**	**$751.98**	**$751.98**	**$752.51**	**$753.05**	**$758.90**			**$754.46**
Benefit Package 088	**Employees**		**75**	**75**	**74**	**74**	**74**	**74**	**73**	**73**	**73**	**65**			**73**
	Members		**99**	**99**	**95**	**95**	**95**	**95**	**94**	**94**	**94**	**84**			**94**
	Claims	Inpatient	$0.00	$0.00	$201.33	$0.00	$667.94	$0.00	$0.00	$0.00	$239.14	$0.00			**$369.47**
		Outpatient	$2.22	$2.91	$216.27	$110.33	$4.32	$0.00	$0.00	$4.19	$0.00	$93.43			**$61.95**
		ER	$0.00	$0.00	$46.85	$0.00	$0.00	$81.16	$0.00	$0.28	$0.00	$41.35			**$42.41**
		Prof Svcs	$164.03	$192.62	$226.89	$432.14	$256.34	$289.95	$138.85	$489.67	$169.42	$167.58			**$252.75**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$190.14	$140.41	$178.58	$147.35	$159.17	$156.30	$158.28	$135.60	$155.65	$175.06			**$159.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$356.38**	**$335.94**	**$869.92**	**$689.82**	**$1,087.78**	**$527.41**	**$297.13**	**$629.73**	**$564.20**	**$477.41**			**$583.57**
	Total Premiums		**$910.02**	**$910.02**	**$906.39**	**$906.39**	**$906.39**	**$906.39**	**$907.32**	**$907.32**	**$907.32**	**$892.13**			**$905.97**
Benefit Package 089	**Employees**		**1,381**	**1,385**	**1,375**	**1,366**	**1,363**	**1,360**	**1,361**	**1,360**	**1,356**	**1,332**			**1,364**
	Members		**2,907**	**2,901**	**2,894**	**2,875**	**2,872**	**2,864**	**2,862**	**2,859**	**2,854**	**2,783**			**2,867**
	Claims	Inpatient	$202.93	$203.62	$237.09	$124.55	$21.86	$257.91	$148.76	$290.57	$80.73	$77.02			**$164.50**
		Outpatient	$84.97	$177.87	$78.44	$78.69	$121.21	$184.69	$77.63	$275.82	$111.48	$179.50			**$137.03**
		ER	$39.78	$29.23	$44.79	$45.83	$20.29	$11.91	$17.13	$33.33	$24.31	$14.16			**$28.07**
		Prof Svcs	$266.97	$239.40	$278.84	$228.68	$296.01	$236.59	$226.88	$349.13	$221.30	$240.08			**$258.39**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$113.19	$95.13	$102.17	$93.04	$109.85	$104.28	$93.32	$115.36	$122.96	$110.14			**$105.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$707.84**	**$745.25**	**$741.32**	**$570.79**	**$569.21**	**$795.38**	**$563.72**	**$1,064.21**	**$560.78**	**$620.90**			**$693.94**
	Total Premiums		**$692.00**	**$689.40**	**$693.87**	**$692.19**	**$692.78**	**$693.46**	**$692.55**	**$691.90**	**$692.65**	**$690.89**			**$692.17**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 090	**Employees**		**132**	**133**	**132**	**131**	**131**	**131**	**131**	**128**	**127**	**120**			**130**
	Members		**176**	**177**	**176**	**176**	**176**	**176**	**176**	**172**	**171**	**169**			**175**
	Claims	Inpatient	$0.00	$320.12	$0.00	$112.32	$435.96	$0.00	$0.00	$267.90	$0.00	$71.36			**$241.53**
		Outpatient	$16.31	$13.61	$0.00	$132.38	$22.61	$16.15	$98.04	$16.59	$16.72	$22.65			**$39.45**
		ER	$0.00	$11.40	$6.14	$0.00	$14.04	$35.51	$1.38	$19.32	$0.00	$0.00			**$14.63**
		Prof Svcs	$308.23	$259.99	$299.80	$229.97	$284.51	$294.14	$318.06	$315.02	$193.80	$286.41			**$278.99**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$198.51	$212.88	$219.58	$138.54	$294.52	$211.76	$142.91	$237.04	$286.45	$154.98			**$209.72**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$523.05**	**$818.00**	**$525.52**	**$613.21**	**$1,051.64**	**$557.55**	**$560.39**	**$855.87**	**$496.97**	**$535.40**			**$653.76**
	Total Premiums		**$807.55**	**$811.41**	**$809.79**	**$811.06**	**$810.41**	**$810.41**	**$810.41**	**$812.30**	**$812.96**	**$823.40**			**$811.97**
Benefit Package 091	**Employees**		**57**	**60**	**61**	**60**	**60**	**60**	**60**	**60**	**60**	**60**			**60**
	Members		**135**	**142**	**143**	**141**	**142**	**141**	**141**	**140**	**140**	**143**			**141**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$219.11	$0.00	$0.00	$0.00	$0.00	$0.00			**$219.11**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$12.47	$0.00	$0.00	$0.00	$0.00	$0.00			**$12.47**
		ER	$0.71	$0.00	$6.69	$0.00	$0.00	$47.43	$0.00	$0.00	$0.70	$0.00			**$13.88**
		Prof Svcs	$33.64	$20.45	$27.49	$31.20	$219.82	$112.53	$106.33	$151.92	$106.92	$75.41			**$88.57**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$4.63	$3.78	$3.34	$6.34	$0.00	$3.23	$6.58	$7.31	$9.05	$11.92			**$6.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$38.98**	**$24.22**	**$37.51**	**$37.54**	**$451.40**	**$163.18**	**$112.91**	**$159.23**	**$116.67**	**$87.34**			**$122.90**
	Total Premiums		**$510.07**	**$503.47**	**$500.45**	**$498.59**	**$498.59**	**$498.59**	**$498.59**	**$498.59**	**$498.59**	**$501.56**			**$500.71**
Benefit Package 092	**Employees**		**597**	**596**	**592**	**591**	**586**	**587**	**583**	**576**	**576**	**520**	**157**	**154**	**510**
	Members		**830**	**830**	**821**	**823**	**811**	**814**	**808**	**795**	**789**	**675**	**222**	**218**	**703**
	Claims	Inpatient	$398.14	$214.06	$241.06	$191.77	$614.73	$160.46	$319.29	$368.33	$1,017.64	$235.50	$124.29	$1,138.54	**$418.65**
		Outpatient	$200.13	$69.33	$62.90	$75.93	$35.84	$49.77	$70.81	$134.38	$96.09	$145.15	$458.96	$82.49	**$123.48**
		ER	$20.88	$14.01	$72.27	$31.27	$47.07	$48.76	$36.81	$18.96	$49.29	$17.95	$24.44	$28.73	**$34.20**
		Prof Svcs	$371.81	$351.27	$470.18	$423.37	$522.30	$351.06	$430.82	$564.43	$336.48	$359.88	$606.90	$537.50	**$443.83**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$185.62	$131.19	$143.89	$165.66	$163.28	$134.95	$161.72	$166.52	$170.44	$177.48	$208.86	$164.10	**$164.47**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,176.59**	**$779.86**	**$990.29**	**$888.00**	**$1,383.21**	**$744.99**	**$1,019.45**	**$1,252.62**	**$1,669.93**	**$935.96**	**$1,423.45**	**$1,951.36**	**$1,184.64**
	Total Premiums		**$813.38**	**$809.04**	**$811.48**	**$810.76**	**$816.28**	**$801.98**	**$814.82**	**$811.40**	**$799.93**	**$798.48**	**$927.92**	**$940.00**	**$829.62**
Benefit Package 093	**Employees**		**606**	**603**	**601**	**601**	**600**	**602**	**596**	**595**	**590**	**541**	**395**	**392**	**560**
	Members		**997**	**992**	**988**	**987**	**984**	**985**	**983**	**975**	**966**	**895**	**658**	**651**	**922**
	Claims	Inpatient	$143.75	$128.68	$0.00	$90.69	$190.92	$68.84	$88.38	$285.06	$186.59	$54.97	$104.56	$15.14	**$123.42**
		Outpatient	$351.07	$101.43	$187.24	$134.45	$165.13	$185.18	$90.11	$111.30	$241.56	$168.41	$462.67	$237.59	**$203.01**
		ER	$25.50	$13.76	$21.48	$42.98	$14.64	$17.31	$13.95	$37.52	$22.01	$33.29	$41.16	$43.60	**$27.27**
		Prof Svcs	$299.52	$243.92	$304.99	$280.78	$351.03	$271.54	$298.65	$377.22	$282.76	$254.84	$437.53	$381.63	**$315.37**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$204.40	$146.78	$157.20	$153.50	$197.53	$160.09	$152.38	$205.66	$204.74	$197.72	$195.53	$187.64	**$180.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,024.25**	**$634.57**	**$670.91**	**$702.39**	**$919.25**	**$702.95**	**$643.47**	**$1,016.76**	**$937.66**	**$709.23**	**$1,241.45**	**$865.60**	**$839.04**
	Total Premiums		**$768.58**	**$769.41**	**$768.54**	**$769.89**	**$766.88**	**$768.41**	**$770.27**	**$764.25**	**$768.88**	**$767.49**	**$918.82**	**$903.03**	**$792.04**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9g
Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 094	**Employees**		**103**	**101**	**101**	**101**	**102**	**102**	**102**	**103**	**103**	**114**			**103**
	Members		**259**	**257**	**257**	**256**	**257**	**256**	**256**	**253**	**254**	**266**			**257**
	Claims	Inpatient	$96.58	$51.90	$122.81	$0.00	$136.13	$0.00	$0.00	$142.08	$0.00	$125.26			**$112.46**
		Outpatient	$63.51	$4.23	$0.00	$113.72	$1.90	$64.07	$84.55	$158.97	$22.06	$0.00			**$64.13**
		ER	$32.57	$11.72	$36.72	$31.68	$25.34	$0.00	$0.00	$25.35	$62.30	$104.89			**$41.32**
		Prof Svcs	$159.26	$134.29	$226.50	$199.25	$182.70	$171.26	$134.60	$231.93	$182.25	$190.06			**$181.21**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$131.53	$89.05	$91.27	$88.80	$102.56	$128.84	$86.81	$174.93	$138.55	$131.00			**$116.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$483.45**	**$291.19**	**$477.30**	**$433.45**	**$448.62**	**$364.17**	**$305.95**	**$733.27**	**$405.15**	**$551.21**			**$449.38**
	Total Premiums		**$614.77**	**$618.74**	**$618.74**	**$626.09**	**$616.31**	**$620.80**	**$616.74**	**$603.55**	**$611.59**	**$566.33**			**$611.37**
Benefit Package 095	**Employees**		**442**	**441**	**442**	**440**	**442**	**440**	**439**	**444**	**441**	**446**			**442**
	Members		**855**	**846**	**850**	**845**	**844**	**836**	**830**	**835**	**831**	**816**			**839**
	Claims	Inpatient	$353.51	$128.85	$315.24	$452.81	$48.36	$32.84	$66.60	$17.94	$234.86	$79.28			**$173.03**
		Outpatient	$132.10	$178.87	$197.93	$139.89	$101.60	$154.05	$141.19	$122.58	$97.61	$37.06			**$130.29**
		ER	$6.16	$35.27	$22.83	$3.83	$46.98	$3.07	$17.56	$22.05	$7.32	$4.89			**$17.00**
		Prof Svcs	$190.93	$195.52	$319.14	$220.77	$287.16	$217.59	$260.19	$312.05	$313.88	$212.76			**$253.00**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$99.08	$83.29	$86.81	$105.34	$120.21	$81.10	$81.30	$141.23	$101.33	$134.35			**$103.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$781.77**	**$621.80**	**$941.95**	**$922.64**	**$604.31**	**$488.66**	**$566.83**	**$615.84**	**$755.01**	**$468.34**			**$676.71**
	Total Premiums		**$657.18**	**$655.18**	**$653.06**	**$655.47**	**$650.68**	**$652.64**	**$653.25**	**$643.18**	**$648.31**	**$632.11**			**$650.10**
Benefit Package 096	**Employees**		**422**	**423**	**425**	**424**	**425**	**424**	**426**	**425**	**426**	**386**			**421**
	Members		**660**	**659**	**661**	**663**	**664**	**658**	**667**	**666**	**666**	**605**			**657**
	Claims	Inpatient	$19.23	$258.55	$4.64	$40.48	$0.00	$45.03	$68.15	$325.18	$133.93	$88.07			**$109.25**
		Outpatient	$21.11	$76.67	$225.71	$28.88	$81.17	$32.90	$81.90	$74.97	$100.97	$73.77			**$79.80**
		ER	$16.41	$28.20	$14.91	$12.91	$14.31	$14.69	$25.77	$18.50	$12.33	$25.77			**$18.38**
		Prof Svcs	$144.18	$179.50	$212.88	$190.13	$216.29	$190.35	$207.21	$283.12	$220.59	$201.21			**$204.55**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$138.85	$103.96	$87.82	$117.98	$114.61	$107.27	$105.01	$127.42	$143.41	$87.33			**$113.37**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$339.78**	**$646.88**	**$545.96**	**$390.38**	**$426.37**	**$390.24**	**$488.03**	**$829.19**	**$611.23**	**$476.15**			**$514.42**
	Total Premiums		**$637.11**	**$642.71**	**$638.67**	**$639.95**	**$644.79**	**$632.76**	**$643.72**	**$641.14**	**$640.88**	**$639.33**			**$640.10**
Benefit Package 097	**Employees**		**216**	**214**	**213**	**213**	**212**	**211**	**212**	**211**	**209**	**197**	**123**	**121**	**196**
	Members		**303**	**297**	**292**	**292**	**291**	**289**	**293**	**290**	**286**	**273**	**160**	**155**	**268**
	Claims	Inpatient	$551.10	$84.78	$26.40	$92.72	$86.51	$96.21	$69.99	$305.52	$57.27	$0.00	$0.00	$0.00	**$152.28**
		Outpatient	$59.19	$72.65	$42.66	$27.19	$247.43	$66.30	$32.53	$146.51	$50.67	$242.38	$45.67	$0.00	**$93.92**
		ER	$0.00	$25.03	$4.93	$47.26	$13.60	$3.07	$42.13	$27.10	$80.07	$19.45	$4.93	$12.08	**$25.42**
		Prof Svcs	$403.65	$365.18	$469.10	$379.12	$453.19	$233.49	$261.07	$399.25	$253.95	$245.14	$646.06	$257.42	**$363.88**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$96.71	$67.45	$80.10	$85.32	$74.12	$95.19	$77.90	$101.19	$107.61	$122.29	$78.85	$84.55	**$89.27**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,110.65**	**$615.10**	**$623.19**	**$631.60**	**$874.84**	**$494.27**	**$483.61**	**$979.56**	**$549.57**	**$629.26**	**$775.51**	**$354.05**	**$676.77**
	Total Premiums		**$734.83**	**$729.00**	**$721.50**	**$721.47**	**$721.82**	**$722.13**	**$727.34**	**$723.66**	**$723.47**	**$724.06**	**$827.92**	**$823.70**	**$741.74**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 098	**Employees**		**335**	**338**	**340**	**341**	**340**	**345**	**345**	**347**	**347**	**379**	**347**	**361**	**347**
	Members		**801**	**808**	**812**	**819**	**815**	**823**	**821**	**829**	**825**	**894**	**824**	**851**	**827**
	Claims	Inpatient	$56.33	$63.71	$53.25	$71.52	$181.17	$67.56	$59.05	$4.52	$29.92	$19.50	$80.72	$52.81	**$61.67**
		Outpatient	$28.21	$46.57	$133.70	$149.55	$113.53	$83.57	$24.89	$19.98	$36.42	$62.24	$93.27	$85.71	**$73.14**
		ER	$41.58	$7.10	$17.26	$13.05	$10.36	$8.00	$18.53	$37.88	$11.91	$29.79	$51.24	$37.35	**$23.67**
		Prof Svcs	$110.64	$100.46	$276.25	$192.04	$289.92	$226.99	$269.11	$335.25	$232.36	$334.88	$451.31	$318.05	**$261.44**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$112.68	$76.12	$81.29	$77.18	$94.46	$81.19	$71.66	$104.03	$97.33	$101.27	$91.58	$101.38	**$90.85**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$349.45**	**$293.95**	**$561.75**	**$503.34**	**$689.43**	**$467.31**	**$443.23**	**$501.65**	**$407.95**	**$547.68**	**$768.12**	**$595.31**	**$510.77**
	Total Premiums		**$425.89**	**$425.35**	**$424.03**	**$424.57**	**$423.99**	**$419.70**	**$421.81**	**$419.82**	**$421.37**	**$418.60**	**$504.11**	**$497.88**	**$435.59**
Benefit Package 099	**Employees**		**14**	**15**	**14**	**14**	**14**	**14**	**14**	**14**	**12**	**15**			**14**
	Members		**35**	**38**	**36**	**36**	**36**	**36**	**36**	**36**	**32**	**37**			**36**
	Claims	Inpatient	$0.00	$142.15	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$142.15**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$22.36	$25.30	$0.57	$0.00	$98.84	$0.00	$1.34	$0.00	$0.00	$0.00			**$29.68**
		Prof Svcs	$23.33	$155.21	$4.74	$0.00	$11.79	$40.35	$86.38	$53.44	$53.26	$128.67			**$61.91**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$2.14	$0.00	$0.00	$0.00	$0.34	$0.23	$0.23	$18.40	$12.00	$19.94			**$7.61**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$47.83**	**$322.66**	**$5.31**	**$0.00**	**$110.97**	**$40.58**	**$87.95**	**$71.85**	**$65.26**	**$148.61**			**$100.11**
	Total Premiums		**$414.95**	**$450.56**	**$425.75**	**$425.75**	**$425.75**	**$425.75**	**$425.75**	**$425.75**	**$410.83**	**$381.86**			**$421.27**
Benefit Package 100	**Employees**		**18**	**18**	**18**	**18**	**18**	**18**	**18**	**19**	**19**	**23**	**26**	**27**	**20**
	Members		**49**	**49**	**49**	**49**	**49**	**49**	**49**	**52**	**52**	**71**	**82**	**86**	**57**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$140.99	$0.00	$0.00	$0.00	$0.00	**$140.99**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$141.32	$0.00	$26.13	$0.00	$0.00	$0.00	$0.00	**$83.72**
		Prof Svcs	$9.72	$77.23	$9.18	$31.00	$66.82	$128.01	$47.57	$233.14	$25.29	$105.60	$61.93	$34.41	**$69.16**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$5.00	$2.38	$4.61	$1.42	$1.02	$15.41	$3.88	$5.69	$4.06	$1.20	$3.49	$2.31	**$4.21**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$14.72**	**$79.61**	**$13.79**	**$32.42**	**$67.83**	**$284.74**	**$51.45**	**$405.96**	**$29.35**	**$106.79**	**$65.41**	**$36.73**	**$99.07**
	Total Premiums		**$451.52**	**$451.52**	**$451.52**	**$451.52**	**$451.52**	**$451.52**	**$451.52**	**$427.75**	**$458.58**	**$468.93**	**$534.41**	**$514.61**	**$463.74**
Benefit Package 104	**Employees**		**260**	**260**	**263**	**264**	**268**	**269**	**271**	**275**	**273**	**300**			**270**
	Members		**664**	**667**	**669**	**672**	**677**	**677**	**677**	**695**	**692**	**769**			**686**
	Claims	Inpatient	$190.32	$4.68	$6.13	$32.90	$99.26	$23.55	$130.15	$45.60	$64.81	$40.51			**$63.79**
		Outpatient	$14.35	$157.06	$85.95	$153.92	$121.78	$43.98	$10.98	$49.82	$53.63	$20.36			**$71.18**
		ER	$16.89	$28.25	$26.40	$17.61	$28.95	$8.44	$11.55	$59.00	$3.01	$66.45			**$26.66**
		Prof Svcs	$113.91	$146.39	$146.19	$112.53	$153.93	$142.79	$186.73	$198.12	$134.91	$112.84			**$144.83**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$143.96	$94.91	$105.21	$61.25	$109.50	$115.53	$66.01	$138.53	$95.80	$113.28			**$104.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$479.43**	**$431.30**	**$369.88**	**$378.19**	**$513.43**	**$334.29**	**$405.43**	**$491.06**	**$352.16**	**$353.44**			**$410.86**
	Total Premiums		**$545.30**	**$540.22**	**$541.59**	**$541.22**	**$537.96**	**$536.58**	**$533.24**	**$540.49**	**$540.22**	**$540.81**			**$539.76**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 108	**Employees**		**241**	**238**	**237**	**236**	**233**	**233**	**230**	**228**	**225**	**219**			**232**
	Members		**359**	**356**	**353**	**348**	**342**	**343**	**336**	**330**	**325**	**322**			**341**
	Claims	Inpatient	$757.07	$19.69	$224.31	$18.13	$20.14	$0.00	$121.32	$338.20	$0.10	$528.96			**$225.32**
		Outpatient	$244.10	$156.51	$121.77	$103.27	$34.75	$9.36	$0.00	$237.82	$156.05	$85.38			**$127.67**
		ER	$62.52	$64.21	$31.62	$86.66	$27.29	$17.75	$15.16	$87.84	$57.34	$35.69			**$48.61**
		Prof Svcs	$314.70	$335.27	$392.08	$358.35	$409.99	$303.76	$385.68	$399.51	$325.82	$410.17			**$363.53**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$229.71	$209.72	$179.15	$156.15	$201.54	$182.58	$187.62	$254.83	$233.18	$192.41			**$202.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,608.10**	**$785.40**	**$948.92**	**$722.56**	**$693.71**	**$513.45**	**$709.78**	**$1,318.21**	**$772.49**	**$1,252.60**			**$932.52**
	Total Premiums		**$910.41**	**$903.33**	**$897.29**	**$903.28**	**$900.95**	**$905.42**	**$896.32**	**$898.47**	**$895.99**	**$906.32**			**$901.78**
Benefit Package 110	**Employees**		**143**	**139**	**141**	**140**	**134**	**141**	**143**	**141**	**141**	**142**			**141**
	Members		**201**	**198**	**200**	**199**	**191**	**199**	**200**	**195**	**195**	**199**			**198**
	Claims	Inpatient	$237.12	$79.70	$0.00	$252.74	$156.20	$178.17	$0.00	$327.90	$293.32	$290.84			**$227.00**
		Outpatient	$41.30	$5.91	$63.61	$174.19	$1.56	$72.21	$7.76	$223.46	$135.45	$153.17			**$87.86**
		ER	$24.24	$9.92	$9.42	$63.61	$8.56	$5.99	$10.60	$45.28	$2.33	$5.64			**$18.56**
		Prof Svcs	$334.69	$294.33	$313.79	$268.05	$335.02	$272.56	$221.64	$374.21	$297.38	$386.67			**$309.83**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$108.95	$108.16	$130.26	$92.46	$77.17	$75.86	$108.10	$82.86	$100.65	$87.83			**$97.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$746.30**	**$498.02**	**$517.08**	**$851.05**	**$578.50**	**$604.80**	**$348.09**	**$1,053.71**	**$829.13**	**$924.15**			**$695.08**
	Total Premiums		**$728.27**	**$729.03**	**$729.84**	**$730.64**	**$759.51**	**$699.62**	**$728.27**	**$720.14**	**$720.14**	**$715.34**			**$726.08**
Benefit Package 111	**Employees**		**265**	**265**	**265**	**263**	**263**	**264**	**262**	**276**	**273**	**261**			**266**
	Members		**385**	**381**	**381**	**379**	**375**	**380**	**376**	**405**	**388**	**371**			**382**
	Claims	Inpatient	$69.23	$0.00	$212.19	$302.35	$66.70	$140.24	$30.11	$1,427.41	$4.34	$0.00			**$281.57**
		Outpatient	$28.00	$252.93	$234.53	$506.61	$73.08	$0.00	$133.12	$101.96	$0.00	$156.76			**$185.87**
		ER	$48.83	$22.22	$14.75	$3.94	$63.43	$5.23	$51.75	$15.21	$28.96	$43.66			**$29.80**
		Prof Svcs	$438.81	$189.50	$426.01	$216.27	$433.05	$276.10	$337.65	$380.67	$183.76	$279.79			**$316.16**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$105.58	$65.57	$76.32	$86.18	$82.19	$83.71	$80.74	$91.65	$116.45	$93.55			**$88.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$690.45**	**$530.22**	**$963.81**	**$1,115.35**	**$718.44**	**$505.27**	**$633.37**	**$2,016.90**	**$333.50**	**$573.76**			**$808.11**
	Total Premiums		**$681.36**	**$672.27**	**$675.61**	**$676.41**	**$672.20**	**$674.81**	**$671.97**	**$678.86**	**$671.38**	**$690.11**			**$676.50**
Benefit Package 113	**Employees**		**35**	**38**	**35**	**35**	**35**	**35**	**35**	**33**	**33**	**33**			**35**
	Members		**42**	**55**	**42**	**41**	**41**	**41**	**41**	**39**	**39**	**38**			**42**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$262.25	$233.71	$250.50	$264.69	$278.12	$278.12	$278.12	$625.85	$82.51	$567.16			**$312.10**
		ER	$0.00	$45.46	$0.00	$85.27	$178.59	$82.13	$61.98	$0.00	$0.00	$0.00			**$90.69**
		Prof Svcs	$103.51	$69.85	$130.32	$131.61	$234.07	$250.40	$271.25	$502.79	$188.76	$207.72			**$209.03**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$103.26	$82.53	$80.17	$106.33	$233.70	$182.79	$258.33	$282.83	$245.89	$300.56			**$187.64**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$469.02**	**$431.56**	**$460.99**	**$587.90**	**$924.48**	**$793.43**	**$869.68**	**$1,411.47**	**$517.17**	**$1,075.44**			**$754.11**
	Total Premiums		**$692.69**	**$729.63**	**$692.69**	**$685.56**	**$684.69**	**$684.69**	**$684.69**	**$688.55**	**$688.55**	**$671.74**			**$690.35**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 114	**Employees**		**406**	**402**	**401**	**401**	**399**	**399**	**402**	**399**	**396**	**379**			**398**
	Members		**645**	**630**	**631**	**638**	**634**	**632**	**640**	**632**	**628**	**606**			**632**
	Claims	Inpatient	$28.12	$231.41	$194.83	$20.39	$245.10	$260.27	$5.24	$443.65	$214.19	$283.24			**$192.64**
		Outpatient	$46.11	$1.66	$150.01	$84.97	$122.28	$112.36	$34.16	$227.78	$49.34	$62.44			**$89.11**
		ER	$17.84	$0.00	$18.90	$14.61	$63.58	$26.57	$45.69	$42.74	$53.80	$25.04			**$34.31**
		Prof Svcs	$263.34	$233.38	$320.56	$404.39	$513.89	$280.47	$308.93	$473.16	$338.60	$333.72			**$347.04**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$136.87	$161.56	$162.27	$167.02	$124.93	$119.16	$127.66	$140.61	$164.21	$163.17			**$146.75**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$492.27**	**$628.01**	**$846.58**	**$691.39**	**$1,069.78**	**$798.82**	**$521.67**	**$1,327.95**	**$820.15**	**$867.60**			**$806.42**
	Total Premiums		**$810.88**	**$806.64**	**$819.73**	**$800.57**	**$810.86**	**$810.86**	**$810.53**	**$816.13**	**$812.05**	**$815.15**			**$811.34**
Benefit Package 115	**Employees**		**22**	**22**	**22**	**22**	**22**	**23**	**21**	**22**	**22**	**21**			**22**
	Members		**27**	**27**	**27**	**27**	**27**	**28**	**26**	**27**	**27**	**26**			**27**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$156.89	$0.00	$0.00	$0.00	$0.00	$0.00			**$156.89**
		Outpatient	$939.47	$1,753.66	$1,976.03	$600.67	$2,120.76	$976.74	$573.49	$531.86	$1,947.35	$585.68			**$1,200.57**
		ER	$0.00	$545.91	$40.80	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$293.35**
		Prof Svcs	$426.19	$782.29	$566.23	$569.35	$292.52	$344.49	$188.29	$376.76	$240.82	$461.61			**$424.86**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$178.75	$129.48	$856.47	$123.90	$592.78	$339.03	$90.69	$93.00	$444.89	$364.56			**$321.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,544.41**	**$3,211.34**	**$3,439.52**	**$1,293.93**	**$3,162.95**	**$1,660.26**	**$852.46**	**$1,001.62**	**$2,633.05**	**$1,411.85**			**$2,021.14**
	Total Premiums		**$742.45**	**$742.45**	**$742.45**	**$742.45**	**$742.45**	**$710.17**	**$777.81**	**$742.45**	**$742.45**	**$746.85**			**$743.20**
Benefit Package 116	**Employees**		**364**	**349**	**357**	**355**	**358**	**356**	**357**	**354**	**355**	**341**			**355**
	Members		**560**	**541**	**551**	**549**	**549**	**544**	**544**	**540**	**543**	**529**			**545**
	Claims	Inpatient	$2,186.28	$299.33	$61.85	$85.35	$0.00	$143.54	$1,064.09	$260.90	$463.08	$81.78			**$516.24**
		Outpatient	$319.26	$48.30	$315.99	$303.11	$401.58	$285.06	$288.45	$533.31	$167.85	$196.59			**$285.95**
		ER	$30.56	$59.24	$18.76	$129.31	$27.64	$59.04	$23.73	$41.34	$61.93	$55.21			**$50.68**
		Prof Svcs	$268.33	$311.41	$399.88	$345.74	$381.40	$371.62	$442.36	$540.50	$368.29	$443.57			**$387.31**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$193.50	$131.37	$196.08	$150.56	$187.35	$202.38	$189.00	$242.36	$261.10	$175.04			**$192.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$2,997.93**	**$849.65**	**$992.56**	**$1,014.07**	**$997.98**	**$1,061.64**	**$2,007.63**	**$1,618.42**	**$1,322.24**	**$952.19**			**$1,381.43**
	Total Premiums		**$816.15**	**$848.19**	**$821.65**	**$828.08**	**$816.19**	**$836.48**	**$818.08**	**$823.02**	**$824.09**	**$827.42**			**$825.94**
Benefit Package 121	**Employees**		**375**	**374**	**372**	**372**	**371**	**372**	**373**	**372**	**372**	**0**			**373**
	Members		**578**	**575**	**571**	**570**	**569**	**570**	**567**	**566**	**565**	**1**			**513**
	Claims	Inpatient	$631.99	$584.34	$487.08	$251.78	$205.09	$622.53	$214.90	$233.77	$133.24	$0.00			**$373.86**
		Outpatient	$73.84	$167.78	$79.71	$160.28	$300.81	$394.51	$139.94	$238.40	$95.07	$0.00			**$183.37**
		ER	$57.09	$8.38	$43.05	$28.86	$31.64	$17.59	$12.27	$21.93	$10.01	$0.00			**$25.65**
		Prof Svcs	$311.08	$300.22	$408.47	$346.84	$463.56	$501.47	$414.43	$630.33	$359.60	$0.00			**$415.11**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$160.57	$123.89	$140.10	$97.17	$138.11	$159.39	$116.58	$162.96	$181.26	$0.00			**$142.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,234.58**	**$1,184.60**	**$1,158.41**	**$884.94**	**$1,139.22**	**$1,695.49**	**$898.13**	**$1,287.39**	**$779.19**	**$0.00**			**$1,140.22**
	Total Premiums		**$830.34**	**$833.43**	**$830.22**	**$825.83**	**$831.55**	**$828.59**	**$825.81**	**$825.32**	**$825.32**	**$0.00**			**$828.49**

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Experience Reports by Benefit Package — Per Employee Per Month
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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 122	**Employees**		**290**	**289**	**289**	**288**	**288**	**286**	**287**	**286**	**286**	**0**			**288**
	Members		**483**	**483**	**483**	**481**	**481**	**478**	**476**	**469**	**469**	**1**			**430**
	Claims	Inpatient	$335.55	$56.09	$247.45	$13.54	$103.33	$18.66	$215.66	$26.72	$235.04	$0.00			**$139.11**
		Outpatient	$159.76	$14.18	$5.00	$99.32	$145.22	$74.14	$53.14	$99.46	$95.12	$0.00			**$82.82**
		ER	$2.42	$7.75	$32.41	$22.55	$7.05	$8.88	$2.29	$43.08	$9.46	$0.00			**$15.10**
		Prof Svcs	$280.05	$203.13	$358.22	$343.14	$299.81	$306.74	$300.85	$376.53	$372.57	$0.00			**$315.67**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$128.38	$86.72	$112.62	$120.43	$124.24	$95.39	$106.53	$120.35	$161.96	$0.00			**$117.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$906.16**	**$367.86**	**$755.70**	**$598.98**	**$679.65**	**$503.80**	**$678.46**	**$666.13**	**$874.14**	**$0.00**			**$670.10**
	Total Premiums		**$697.06**	**$695.81**	**$702.93**	**$699.79**	**$700.53**	**$702.60**	**$696.03**	**$690.24**	**$690.24**	**$0.00**			**$697.25**
Benefit Package 123	**Employees**		**12**	**13**	**13**	**14**	**14**	**14**	**14**	**14**	**14**	**0**			**14**
	Members		**30**	**32**	**32**	**35**	**35**	**34**	**32**	**33**	**33**	**0**			**33**
	Claims	Inpatient	$0.00	$0.00	$436.98	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$436.98**
		Outpatient	$0.00	$0.00	$121.88	$402.38	$0.00	$0.00	$0.00	$0.00	$227.03	$0.00			**$250.43**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$79.92	$0.00			**$79.92**
		Prof Svcs	$33.01	$13.61	$52.29	$117.12	$280.19	$232.75	$46.63	$416.51	$205.21	$0.00			**$155.26**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$17.98	$1.45	$0.70	$1.35	$10.16	$8.82	$13.47	$15.74	$42.72	$0.00			**$12.49**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$50.99**	**$15.07**	**$611.85**	**$520.85**	**$290.35**	**$241.57**	**$60.09**	**$432.25**	**$554.88**	**$0.00**			**$308.66**
	Total Premiums		**$655.48**	**$632.17**	**$632.17**	**$622.21**	**$622.21**	**$596.14**	**$548.69**	**$572.42**	**$572.42**	**$0.00**			**$605.99**
Benefit Package 127	**Employees**		**18**	**18**	**18**	**18**	**19**	**19**	**19**	**19**	**19**	**27**			**19**
	Members		**55**	**55**	**55**	**55**	**59**	**59**	**60**	**60**	**60**	**86**			**60**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$231.34	$0.00	$0.00	$217.69	$0.00	$0.00			**$224.52**
		Outpatient	$0.00	$0.00	$0.00	$0.66	$180.17	$19.76	$9.88	$11.41	$0.00	$0.00			**$44.38**
		ER	$0.00	$0.00	$0.00	$0.00	$24.32	$0.00	$0.00	$38.26	$42.00	$41.11			**$36.42**
		Prof Svcs	$154.68	$128.13	$100.13	$233.86	$203.29	$87.23	$277.14	$303.00	$398.56	$228.42			**$211.44**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$179.25	$234.02	$169.62	$217.49	$302.75	$185.38	$231.73	$465.67	$284.28	$205.57			**$247.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$333.92**	**$362.15**	**$269.75**	**$452.02**	**$941.87**	**$292.36**	**$518.75**	**$1,036.03**	**$724.83**	**$475.11**			**$540.68**
	Total Premiums		**$594.12**	**$594.12**	**$594.12**	**$594.12**	**$602.40**	**$602.40**	**$523.31**	**$681.49**	**$602.40**	**$572.31**			**$596.08**
Benefit Package 128	**Employees**		**211**	**211**	**212**	**209**	**210**	**209**	**210**	**213**	**212**	**215**			**211**
	Members		**612**	**612**	**611**	**606**	**606**	**605**	**606**	**617**	**615**	**611**			**610**
	Claims	Inpatient	$287.68	$195.91	$111.86	$0.96	$0.00	$892.20	$0.00	$99.80	$47.98	$54.61			**$211.37**
		Outpatient	$147.25	$332.31	$305.32	$299.58	$614.59	$241.01	$136.34	$392.67	$212.75	$101.35			**$278.32**
		ER	$8.89	$6.30	$5.91	$12.15	$28.77	$9.88	$9.51	$52.43	$56.15	$55.52			**$24.55**
		Prof Svcs	$260.01	$223.09	$393.36	$233.56	$422.45	$241.54	$250.51	$382.76	$249.00	$275.20			**$293.15**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$132.24	$116.26	$125.86	$116.77	$106.40	$125.43	$102.42	$149.76	$159.05	$159.36			**$129.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$836.08**	**$873.87**	**$942.32**	**$663.02**	**$1,172.22**	**$1,510.05**	**$498.78**	**$1,077.42**	**$724.93**	**$646.04**			**$894.47**
	Total Premiums		**$780.95**	**$779.18**	**$774.60**	**$774.30**	**$772.70**	**$773.48**	**$771.89**	**$772.62**	**$773.24**	**$760.02**			**$773.30**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 129	**Employees**		**641**	**639**	**636**	**636**	**634**	**638**	**640**	**641**	**639**	**612**			**636**
	Members		**1,080**	**1,081**	**1,074**	**1,073**	**1,070**	**1,077**	**1,073**	**1,076**	**1,071**	**1,034**			**1,071**
	Claims	Inpatient	$268.48	$373.41	$306.78	$352.56	$56.72	$58.96	$97.35	$310.91	$20.28	$39.18			**$188.46**
		Outpatient	$130.22	$161.73	$115.19	$127.65	$58.56	$116.79	$136.18	$190.29	$124.86	$100.21			**$126.17**
		ER	$34.55	$16.94	$14.04	$8.13	$15.03	$8.41	$13.32	$28.63	$11.90	$40.79			**$19.17**
		Prof Svcs	$230.67	$299.84	$333.32	$249.58	$286.12	$276.70	$247.41	$370.57	$295.53	$282.24			**$287.20**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$128.26	$130.16	$117.19	$97.97	$136.92	$123.40	$107.91	$156.16	$146.91	$144.94			**$128.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$792.17**	**$982.08**	**$886.52**	**$835.89**	**$553.34**	**$584.26**	**$602.16**	**$1,056.57**	**$599.49**	**$607.37**			**$749.98**
	Total Premiums		**$761.44**	**$761.75**	**$760.84**	**$760.90**	**$759.98**	**$760.05**	**$754.08**	**$753.88**	**$753.53**	**$754.95**			**$758.14**
Benefit Package 130	**Employees**		**438**	**436**	**435**	**433**	**434**	**433**	**428**	**426**	**426**	**439**			**433**
	Members		**982**	**986**	**985**	**978**	**983**	**982**	**974**	**979**	**981**	**991**			**982**
	Claims	Inpatient	$55.43	$85.13	$540.08	$256.30	$228.37	$194.66	$58.68	$180.79	$253.27	$150.03			**$200.27**
		Outpatient	$121.48	$97.52	$58.20	$49.52	$100.79	$197.08	$183.56	$233.90	$94.19	$101.99			**$123.82**
		ER	$16.14	$8.26	$19.76	$26.69	$15.84	$28.84	$25.41	$10.59	$15.33	$11.94			**$17.88**
		Prof Svcs	$259.09	$303.33	$382.85	$329.67	$281.75	$242.47	$240.52	$432.57	$267.15	$243.62			**$298.30**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$100.91	$86.61	$78.76	$71.99	$89.80	$68.46	$94.43	$118.50	$115.40	$95.46			**$92.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$553.06**	**$580.85**	**$1,079.64**	**$734.17**	**$716.56**	**$731.50**	**$602.60**	**$976.35**	**$745.34**	**$603.04**			**$732.31**
	Total Premiums		**$753.86**	**$753.79**	**$754.17**	**$755.08**	**$755.14**	**$754.54**	**$755.27**	**$759.96**	**$758.76**	**$751.28**			**$755.18**
Benefit Package 131	**Employees**		**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**9**	**13**	**21**	**22**	**11**
	Members		**37**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**40**	**54**	**82**	**85**	**46**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$436.72	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$436.72**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$178.05	$415.97	$415.08	**$336.36**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$45.70	$0.41	**$23.06**
		Prof Svcs	$76.57	$124.68	$78.92	$89.11	$208.11	$30.74	$209.69	$172.58	$99.78	$309.33	$516.94	$185.87	**$175.19**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$25.57	$4.04	$25.39	$20.09	$2.10	$2.53	$52.26	$23.02	$32.55	$44.09	$14.63	$34.41	**$23.39**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$102.13**	**$128.72**	**$104.31**	**$109.21**	**$210.21**	**$469.99**	**$261.95**	**$195.60**	**$132.33**	**$531.46**	**$993.24**	**$635.77**	**$322.91**
	Total Premiums		**$607.83**	**$607.83**	**$607.83**	**$607.83**	**$607.83**	**$607.83**	**$607.83**	**$607.83**	**$612.65**	**$616.79**	**$818.30**	**$820.45**	**$644.24**
Benefit Package 132	**Employees**		**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**8**	**7**			**9**
	Members		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**15**	**10**			**19**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$42.39	$0.00	$0.00	$0.00	$314.50	$0.00	$0.00			**$178.45**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$48.05	$0.00	$0.00			**$48.05**
		Prof Svcs	$22.94	$24.75	$237.57	$27.22	$76.81	$45.18	$39.96	$245.00	$46.96	$29.31			**$79.57**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$3.00	$0.00	$0.00	$0.00	$1.84	$2.35	$2.59	$0.00	$8.00			**$3.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$22.94**	**$27.75**	**$237.57**	**$69.61**	**$76.81**	**$47.02**	**$42.31**	**$610.13**	**$46.96**	**$37.31**			**$121.84**
	Total Premiums		**$477.99**	**$477.99**	**$477.99**	**$477.99**	**$477.99**	**$477.99**	**$477.99**	**$477.99**	**$537.74**	**$614.56**			**$497.62**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 133	**Employees**		**179**	**176**	**180**	**180**	**180**	**183**	**182**	**183**	**185**	**182**			**181**
	Members		**334**	**321**	**333**	**331**	**336**	**336**	**335**	**340**	**348**	**341**			**336**
	Claims	Inpatient	$490.79	$60.60	$431.76	$125.18	$19.83	$0.00	$92.76	$54.08	$0.00	$4.70			**$159.96**
		Outpatient	$45.72	$131.07	$123.32	$95.21	$216.21	$254.48	$262.01	$115.80	$0.00	$31.68			**$141.72**
		ER	$17.51	$25.19	$48.50	$12.77	$3.00	$57.09	$0.43	$13.93	$45.07	$79.12			**$30.26**
		Prof Svcs	$339.72	$261.34	$306.83	$247.11	$352.94	$237.63	$254.18	$418.66	$216.61	$250.09			**$288.51**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$178.71	$185.58	$137.83	$137.78	$161.86	$138.89	$104.00	$191.01	$158.84	$197.83			**$159.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,072.46**	**$663.78**	**$1,048.24**	**$618.05**	**$753.84**	**$688.08**	**$713.38**	**$793.48**	**$420.52**	**$563.42**			**$733.52**
	Total Premiums		**$631.52**	**$634.78**	**$633.56**	**$631.44**	**$628.88**	**$633.91**	**$632.34**	**$632.08**	**$637.08**	**$648.94**			**$634.45**
Benefit Package 134	**Employees**		**61**	**61**	**63**	**66**	**65**	**65**	**65**	**57**	**64**	**62**			**63**
	Members		**138**	**138**	**141**	**146**	**145**	**145**	**145**	**122**	**143**	**141**			**140**
	Claims	Inpatient	$0.00	$0.00	$58.68	$0.00	$0.00	$0.00	$0.00	$70.62	$0.00	$50.39			**$59.90**
		Outpatient	$0.00	$0.00	$50.26	$0.00	$40.90	$0.00	$16.44	$52.81	$388.08	$113.46			**$110.32**
		ER	$0.00	$0.00	$14.17	$0.00	$155.74	$122.51	$33.69	$0.97	$1.48	$0.10			**$46.95**
		Prof Svcs	$50.15	$64.90	$282.99	$34.03	$67.82	$48.27	$75.49	$303.80	$154.96	$275.25			**$135.77**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$11.57	$6.04	$6.55	$6.59	$10.13	$13.78	$11.29	$29.99	$25.52	$149.81			**$27.13**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$61.72**	**$70.94**	**$412.65**	**$40.63**	**$274.59**	**$184.56**	**$136.91**	**$458.20**	**$570.04**	**$589.00**			**$279.92**
	Total Premiums		**$521.03**	**$521.03**	**$519.15**	**$512.78**	**$515.79**	**$515.79**	**$515.79**	**$537.65**	**$515.99**	**$524.52**			**$519.95**
Benefit Package 135	**Employees**		**236**	**230**	**235**	**233**	**234**	**234**	**234**	**235**	**234**	**228**			**233**
	Members		**490**	**476**	**487**	**488**	**485**	**486**	**486**	**486**	**488**	**471**			**484**
	Claims	Inpatient	$81.99	$267.74	$68.34	$0.00	$80.08	$0.00	$0.00	$0.00	$111.29	$91.44			**$116.81**
		Outpatient	$0.00	$64.58	$0.00	$29.68	$141.07	$277.47	$0.00	$384.34	$172.66	$60.78			**$161.51**
		ER	$32.92	$4.39	$17.15	$2.41	$1.73	$1.47	$0.00	$3.96	$16.12	$57.85			**$15.33**
		Prof Svcs	$98.34	$83.91	$125.90	$126.45	$90.06	$109.85	$131.48	$227.82	$167.36	$196.47			**$135.76**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$103.85	$71.14	$82.57	$80.75	$93.03	$78.93	$72.99	$112.93	$86.57	$92.99			**$87.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$317.11**	**$491.76**	**$293.95**	**$239.28**	**$405.97**	**$467.72**	**$204.46**	**$729.06**	**$554.00**	**$499.53**			**$420.29**
	Total Premiums		**$510.76**	**$496.69**	**$510.64**	**$502.44**	**$498.84**	**$500.06**	**$500.06**	**$499.30**	**$503.72**	**$500.42**			**$502.29**
Benefit Package 136	**Employees**		**27**	**36**	**28**	**28**	**28**	**28**	**28**	**25**	**26**	**27**			**28**
	Members		**42**	**56**	**44**	**42**	**43**	**43**	**43**	**40**	**41**	**42**			**44**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$253.16	$0.00	$0.00	$0.00	$0.00	$0.00			**$253.16**
		Outpatient	$153.66	$427.42	$0.00	$0.00	$0.00	$1,290.04	$0.00	$0.00	$0.00	$455.12			**$581.56**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$24.70	$0.00	$28.06	$0.00	$0.00			**$26.38**
		Prof Svcs	$65.59	$95.09	$103.21	$129.88	$240.74	$112.24	$168.80	$206.25	$135.59	$624.07			**$188.15**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$64.61	$28.67	$33.13	$23.88	$63.58	$62.40	$41.40	$78.45	$78.08	$24.07			**$49.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$283.86**	**$551.18**	**$136.34**	**$153.76**	**$557.49**	**$1,489.39**	**$210.20**	**$312.76**	**$213.66**	**$1,103.25**			**$501.19**
	Total Premiums		**$450.00**	**$435.49**	**$457.92**	**$456.50**	**$424.50**	**$445.83**	**$445.83**	**$459.33**	**$454.49**	**$450.00**			**$447.99**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 137	**Employees**		**119**	**119**	**117**	**117**	**117**	**117**	**120**	**118**	**118**	**122**			**118**
	Members		**352**	**342**	**344**	**344**	**345**	**346**	**355**	**348**	**349**	**356**			**348**
	Claims	Inpatient	$0.00	$3,496.96	$139.23	$105.15	$57.69	$85.13	$156.99	$0.00	$302.82	$77.66			**$552.70**
		Outpatient	$0.00	$217.48	$22.32	$40.48	$71.45	$348.37	$5.10	$290.64	$9.79	$13.37			**$113.22**
		ER	$0.00	$0.00	$11.87	$9.97	$62.39	$42.01	$81.97	$7.64	$0.00	$31.04			**$35.27**
		Prof Svcs	$62.87	$312.98	$272.71	$128.98	$260.27	$219.46	$160.09	$268.45	$201.59	$149.63			**$203.70**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$8.88	$6.55	$11.23	$14.47	$14.51	$23.26	$23.27	$36.79	$66.43	$57.89			**$26.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$71.76**	**$4,033.97**	**$457.36**	**$299.05**	**$466.31**	**$718.23**	**$427.41**	**$603.51**	**$580.62**	**$329.59**			**$798.78**
	Total Premiums		**$586.39**	**$579.95**	**$587.12**	**$588.21**	**$588.21**	**$588.21**	**$576.97**	**$594.88**	**$586.75**	**$578.76**			**$585.55**
Benefit Package 138	**Employees**		**6**	**6**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**8**			**7**
	Members		**17**	**17**	**21**	**21**	**21**	**21**	**21**	**21**	**21**	**23**			**20**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$228.57	$0.00	$0.00	$0.00	$0.00	$0.00			**$228.57**
		Prof Svcs	$0.00	$0.38	$111.77	$54.03	$149.57	$52.75	$36.18	$57.68	$43.96	$154.03			**$73.37**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$0.00	$2.84	$2.84	$2.84	$23.59	$23.14	$23.22	$23.22	$20.19			**$15.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$0.00**	**$0.38**	**$114.61**	**$56.87**	**$380.99**	**$76.34**	**$59.32**	**$80.90**	**$67.18**	**$174.22**			**$112.31**
	Total Premiums		**$614.83**	**$614.83**	**$647.11**	**$647.11**	**$647.11**	**$647.11**	**$647.11**	**$647.11**	**$647.11**	**$620.87**			**$638.03**
Benefit Package 172	**Employees**											**343**	**344**	**343**	**343**
	Members											**637**	**637**	**634**	**636**
	Claims	Inpatient										$25.21	$155.13	$0.00	**$90.17**
		Outpatient										$244.93	$95.76	$190.03	**$176.91**
		ER										$17.13	$108.19	$12.36	**$45.89**
		Prof Svcs										$179.52	$169.48	$153.04	**$167.34**
		Other										$175.81	$162.25	$99.54	**$145.87**
		Pharmacy										$141.75	$144.74	$222.65	**$169.71**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$784.35**	**$835.55**	**$677.62**	**$765.84**
	Total Premiums											**$916.59**	**$915.38**	**$908.77**	**$913.58**
Benefit Package 173	**Employees**		**196**	**195**	**197**	**197**	**196**	**195**	**195**	**194**	**193**	**186**	**185**	**184**	**193**
	Members		**272**	**269**	**273**	**270**	**268**	**267**	**267**	**264**	**263**	**243**	**239**	**238**	**261**
	Claims	Inpatient	$47.80	$181.43	$0.00	$57.22	$335.81	$533.18	$76.34	$0.00	$0.00	$47.73	$149.26	$42.99	**$163.53**
		Outpatient	$38.55	$52.26	$36.45	$176.81	$110.34	$279.10	$112.81	$145.40	$5.23	$94.18	$120.62	$429.22	**$133.41**
		ER	$60.54	$23.39	$61.78	$26.29	$16.10	$31.86	$10.61	$40.55	$13.27	$50.92	$38.23	$67.82	**$36.78**
		Prof Svcs	$139.92	$119.58	$132.79	$205.77	$171.63	$259.09	$203.57	$235.94	$133.59	$214.40	$174.54	$148.07	**$178.24**
		Other	$51.83	$67.29	$73.35	$75.63	$83.05	$96.36	$93.38	$209.21	$219.32	$265.58	$400.94	$214.03	**$154.16**
		Pharmacy	$206.92	$125.82	$156.10	$271.50	$262.70	$276.62	$195.78	$173.56	$134.33	$150.80	$268.23	$176.91	**$199.94**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$545.56**	**$569.76**	**$460.47**	**$813.22**	**$979.63**	**$1,476.21**	**$692.49**	**$804.66**	**$505.73**	**$823.60**	**$1,151.81**	**$1,079.04**	**$825.18**
	Total Premiums		**$801.78**	**$799.81**	**$801.38**	**$798.61**	**$800.66**	**$801.59**	**$801.59**	**$799.40**	**$800.01**	**$886.22**	**$881.45**	**$882.85**	**$821.28**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 174	**Employees**												**307**	**306**	**307**
	Members												**657**	**650**	**654**
	Claims	Inpatient											$121.91	$0.00	**$121.91**
		Outpatient											$157.85	$40.64	**$99.25**
		ER											$24.89	$27.07	**$25.98**
		Prof Svcs											$53.30	$141.16	**$97.23**
		Other											$373.70	$328.10	**$350.90**
		Pharmacy											$83.47	$54.76	**$69.12**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$815.13**	**$591.73**	**$703.43**
	Total Premiums												**$956.11**	**$957.21**	**$956.66**
Benefit Package 175	**Employees**												**265**	**267**	**266**
	Members												**439**	**436**	**438**
	Claims	Inpatient											$78.96	$58.12	**$68.54**
		Outpatient											$12.28	$47.73	**$30.01**
		ER											$41.40	$84.84	**$63.12**
		Prof Svcs											$12.44	$30.09	**$21.27**
		Other											$292.87	$292.94	**$292.91**
		Pharmacy											$56.02	$80.64	**$68.33**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$493.98**	**$594.36**	**$544.17**
	Total Premiums												**$856.16**	**$871.78**	**$863.97**
Benefit Package 176	**Employees**												**270**	**268**	**269**
	Members												**535**	**533**	**534**
	Claims	Inpatient											$382.15	$345.98	**$364.07**
		Outpatient											$0.00	$79.59	**$79.59**
		ER											$51.61	$31.07	**$41.34**
		Prof Svcs											$68.80	$99.41	**$84.11**
		Other											$379.02	$351.88	**$365.45**
		Pharmacy											$113.65	$97.34	**$105.50**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$995.23**	**$1,005.28**	**$1,000.26**
	Total Premiums												**$1,006.69**	**$1,010.34**	**$1,008.52**
Benefit Package 177	**Employees**											**104**	**312**	**311**	**242**
	Members											**154**	**556**	**555**	**422**
	Claims	Inpatient										$0.00	$180.69	$173.61	**$177.15**
		Outpatient										$29.83	$50.92	$35.46	**$38.74**
		ER										$20.76	$34.53	$65.40	**$40.23**
		Prof Svcs										$43.79	$41.91	$57.54	**$47.75**
		Other										$228.17	$293.62	$356.63	**$292.80**
		Pharmacy										$77.70	$75.96	$116.47	**$90.04**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$400.25**	**$677.63**	**$805.11**	**$627.66**
	Total Premiums											**$816.33**	**$896.57**	**$883.73**	**$865.54**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 178	**Employees**											**1**	**23**	**24**	**16**
	Members											**3**	**71**	**73**	**49**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$29.88	**$29.88**
		Prof Svcs										$0.00	$13.11	$133.00	**$73.06**
		Other										$0.00	$0.00	$9.00	**$9.00**
		Pharmacy										$0.00	$0.00	$0.75	**$0.75**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$0.00**	**$13.11**	**$172.63**	**$92.87**
	Total Premiums											**$911.00**	**$717.48**	**$717.63**	**$782.03**
Benefit Package 179	**Employees**												**20**	**19**	**20**
	Members												**26**	**25**	**26**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$23.11	$0.00	**$23.11**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$96.10	$70.65	**$83.37**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$72.15	$10.13	**$41.14**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$191.36**	**$80.78**	**$136.07**
	Total Premiums												**$704.43**	**$708.25**	**$706.34**
Benefit Package 180	**Employees**											**10**	**8**	**8**	**9**
	Members											**14**	**12**	**12**	**13**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$1.88	**$1.88**
		ER										$0.00	$0.00	$67.72	**$67.72**
		Prof Svcs										$135.64	$107.18	$230.96	**$157.93**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$75.69	$55.78	$67.96	**$66.48**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$211.33**	**$162.96**	**$368.52**	**$247.60**
	Total Premiums											**$1,354.99**	**$1,439.73**	**$1,439.73**	**$1,411.49**
Benefit Package 181	**Employees**											**7**	**6**	**6**	**6**
	Members											**9**	**8**	**8**	**8**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$2.37	**$2.37**
		ER										$0.00	$0.00	$60.24	**$60.24**
		Prof Svcs										$65.21	$364.99	$213.01	**$214.40**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$48.67	$11.88	$48.92	**$36.49**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$113.89**	**$376.86**	**$324.54**	**$271.76**
	Total Premiums											**$865.65**	**$874.17**	**$874.17**	**$871.33**

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Experience Reports by Benefit Package — Per Employee Per Month
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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 182	**Employees**												**22,706**	**22,661**	**22,684**
	Members												**38,129**	**38,004**	**38,067**
	Claims	Inpatient											$157.63	$221.49	**$189.56**
		Outpatient											$224.49	$225.66	**$225.07**
		ER											$33.07	$26.44	**$29.75**
		Prof Svcs											$249.89	$269.46	**$259.67**
		Other											$13.34	$13.62	**$13.48**
		Pharmacy											$194.31	$201.04	**$197.68**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$872.72**	**$957.71**	**$915.22**
	Total Premiums												**$947.86**	**$947.31**	**$947.58**
Benefit Package 183	**Employees**												**14,047**	**14,097**	**14,072**
	Members												**27,015**	**27,061**	**27,038**
	Claims	Inpatient											$124.29	$109.91	**$117.10**
		Outpatient											$135.40	$172.97	**$154.19**
		ER											$27.59	$23.64	**$25.62**
		Prof Svcs											$180.40	$199.73	**$190.06**
		Other											$7.45	$6.81	**$7.13**
		Pharmacy											$134.41	$147.98	**$141.20**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$609.54**	**$661.05**	**$635.30**
	Total Premiums												**$904.64**	**$903.65**	**$904.14**
Benefit Package 184	**Employees**												**6,214**	**6,182**	**6,198**
	Members												**10,597**	**10,535**	**10,566**
	Claims	Inpatient											$281.03	$297.50	**$289.26**
		Outpatient											$264.86	$274.70	**$269.78**
		ER											$51.25	$47.75	**$49.50**
		Prof Svcs											$341.55	$386.98	**$364.27**
		Other											$9.69	$16.51	**$13.10**
		Pharmacy											$227.32	$251.55	**$239.43**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$1,175.68**	**$1,274.98**	**$1,225.33**
	Total Premiums												**$1,124.00**	**$1,123.47**	**$1,123.73**
Benefit Package 185	**Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**	**1**	**1**	**1**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**6**	**4**	**4**	**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,483.63	$0.00	$0.00	$0.00	$0.00	$0.00	**$2,483.63**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$15.60	$0.00	$0.00	$0.00	$0.00	$0.00	$574.38	$0.00	$34.58	$0.00	$0.00	$230.01	**$213.64**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$216.66	$0.00	$108.93	$112.09	$108.93	$224.18	**$154.16**
		Pharmacy	$106.74	$0.00	$115.25	$115.25	$0.00	$115.25	$0.00	$115.25	$59.98	$29.99	$34.99	$82.77	**$86.16**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$122.34**	**$0.00**	**$115.25**	**$115.25**	**$0.00**	**$115.25**	**$3,274.67**	**$115.25**	**$203.49**	**$142.08**	**$143.92**	**$536.96**	**$488.45**
	Total Premiums		**$1,094.76**	**$1,094.76**	**$1,094.76**	**$1,094.76**	**$1,094.76**	**$1,094.76**	**$1,094.76**	**$1,094.76**	**$1,094.76**	**$966.35**	**$1,217.63**	**$1,217.63**	**$1,104.54**

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Experience Reports by Benefit Package — Per Employee Per Month
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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 186	**Employees**		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**2**
	Members		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**2**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Total Premiums		**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$302.40**	**$302.40**	**$269.43**
Benefit Package 187	**Employees**												**52**	**54**	**53**
	Members												**125**	**132**	**129**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$9.99	**$9.99**
		Prof Svcs											$138.10	$194.27	**$166.19**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$130.59	$103.13	**$116.86**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$268.69**	**$307.39**	**$288.04**
	Total Premiums												**$801.03**	**$804.68**	**$802.85**
Benefit Package 188	**Employees**		**857**	**858**	**856**	**857**	**853**	**854**	**850**	**846**	**846**	**820**	**820**	**826**	**845**
	Members		**1,091**	**1,092**	**1,092**	**1,092**	**1,088**	**1,084**	**1,083**	**1,078**	**1,076**	**1,044**	**1,046**	**1,050**	**1,076**
	Claims	Inpatient	$41.82	$36.50	$65.72	$206.87	$235.87	$163.40	$81.16	$186.08	$70.97	$291.08	$81.11	$182.78	**$136.95**
		Outpatient	$16.96	$111.46	$152.53	$140.89	$189.38	$107.74	$145.64	$143.50	$82.79	$113.28	$86.00	$208.45	**$124.88**
		ER	$12.91	$8.42	$18.96	$17.37	$13.02	$16.42	$12.06	$27.51	$7.39	$15.43	$6.55	$9.37	**$13.78**
		Prof Svcs	$107.03	$259.08	$385.43	$310.53	$414.59	$292.96	$303.28	$453.47	$348.21	$364.31	$368.21	$330.89	**$328.17**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$169.73	$153.14	$134.71	$134.14	$187.06	$150.28	$151.49	$172.47	$175.57	$145.07	$143.90	$159.02	**$156.38**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$348.45**	**$568.58**	**$757.34**	**$809.81**	**$1,039.92**	**$730.80**	**$693.63**	**$983.03**	**$684.94**	**$929.16**	**$685.77**	**$890.50**	**$760.16**
	Total Premiums		**$65.65**	**$237.02**	**$482.37**	**$687.56**	**$744.14**	**$912.06**	**$648.89**	**$610.39**	**$852.40**	**$591.17**	**$849.58**	**$591.23**	**$606.04**
Benefit Package 189	**Employees**		**715**	**716**	**715**	**717**	**715**	**717**	**718**	**722**	**723**	**737**	**745**	**748**	**724**
	Members		**1,650**	**1,647**	**1,642**	**1,626**	**1,641**	**1,644**	**1,653**	**1,661**	**1,665**	**1,667**	**1,675**	**1,681**	**1,654**
	Claims	Inpatient	$0.00	$105.37	$25.54	$99.04	$120.26	$96.06	$70.83	$86.73	$32.55	$192.34	$486.92	$92.23	**$127.99**
		Outpatient	$29.74	$138.49	$180.52	$89.34	$335.80	$165.48	$167.58	$197.31	$96.82	$154.06	$126.35	$417.28	**$174.90**
		ER	$0.49	$7.77	$10.16	$23.27	$14.48	$6.62	$23.73	$14.50	$22.06	$15.62	$14.40	$8.60	**$13.47**
		Prof Svcs	$77.34	$194.36	$306.80	$259.07	$300.36	$276.11	$264.79	$368.29	$287.26	$288.19	$336.65	$217.46	**$264.72**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$103.21	$90.04	$102.05	$106.94	$108.72	$94.33	$109.50	$132.74	$144.04	$105.55	$104.96	$105.88	**$109.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$210.79**	**$536.03**	**$625.06**	**$577.66**	**$879.62**	**$638.59**	**$636.42**	**$799.57**	**$582.73**	**$755.75**	**$1,069.28**	**$841.44**	**$679.41**
	Total Premiums		**$65.65**	**$168.50**	**$512.72**	**$587.20**	**$537.44**	**$829.45**	**$609.16**	**$589.68**	**$712.00**	**$496.01**	**$708.87**	**$1,004.81**	**$568.46**

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Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 190	**Employees**		**146**	**147**	**147**	**148**	**147**	**147**	**148**	**148**	**149**	**156**	**157**	**162**	**150**
	Members		**446**	**447**	**444**	**444**	**439**	**438**	**440**	**436**	**439**	**457**	**464**	**473**	**447**
	Claims	Inpatient	$98.64	$0.00	$0.00	$11.52	$14.54	$0.00	$0.00	$158.38	$1.14	$0.00	$53.81	$37.64	**$53.67**
		Outpatient	$5.26	$59.38	$104.36	$2.29	$80.69	$50.24	$7.49	$492.85	$4.11	$15.44	$16.55	$38.68	**$73.11**
		ER	$0.00	$10.03	$0.00	$0.75	$6.83	$11.08	$21.37	$10.81	$12.25	$7.93	$7.24	$3.23	**$9.15**
		Prof Svcs	$99.14	$222.73	$268.01	$258.78	$256.13	$200.10	$214.83	$396.57	$197.56	$306.64	$277.43	$308.86	**$250.57**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$75.95	$62.04	$54.63	$67.15	$79.74	$70.18	$48.87	$90.07	$80.57	$57.84	$76.53	$74.92	**$69.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$279.00**	**$354.19**	**$427.00**	**$340.49**	**$437.93**	**$331.61**	**$292.56**	**$1,148.67**	**$295.62**	**$387.85**	**$431.57**	**$463.33**	**$432.48**
	Total Premiums		**$65.20**	**$258.25**	**$359.58**	**$435.50**	**$340.71**	**$421.53**	**$325.31**	**$309.36**	**$1,086.26**	**$271.05**	**$393.55**	**$400.08**	**$388.87**
Benefit Package 191	**Employees**		**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**7**	**7**	**7**	**6**
	Members		**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**18**	**18**	**18**	**17**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$85.39	$90.60	$13.24	$23.31	$62.05	$2.79	$62.77	$0.00	$163.69	$0.00	$12.85	$6.45	**$52.31**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.98	$0.00	$0.00	$0.00	**$0.98**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$85.39**	**$90.60**	**$13.24**	**$23.31**	**$62.05**	**$2.79**	**$62.77**	**$0.00**	**$164.66**	**$0.00**	**$12.85**	**$6.45**	**$52.41**
	Total Premiums		**$65.65**	**$147.77**	**$156.25**	**$78.89**	**$88.94**	**$127.30**	**$68.44**	**$128.42**	**$65.65**	**$205.95**	**$65.65**	**$78.22**	**$106.43**
Benefit Package 192	**Employees**												**190**	**190**	**190**
	Members												**555**	**552**	**554**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$1.43	$15.11	**$8.27**
		ER											$10.25	$0.00	**$10.25**
		Prof Svcs											$65.28	$108.34	**$86.81**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$54.25	$83.69	**$68.97**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$131.21**	**$207.15**	**$169.18**
	Total Premiums												**$685.77**	**$684.40**	**$685.08**
Benefit Package 193	**Employees**												**11**	**12**	**12**
	Members												**32**	**33**	**33**
	Claims	Inpatient											$0.00	$2,545.63	**$2,545.63**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$9.55	$672.98	**$341.26**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$16.27	$69.01	**$42.64**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$25.82**	**$3,287.62**	**$1,656.72**
	Total Premiums												**$728.16**	**$667.48**	**$697.82**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 194	**Employees**												**263**	**266**	**265**
	Members												**559**	**568**	**564**
	Claims	Inpatient											$0.00	$32.93	**$32.93**
		Outpatient											$14.39	$78.30	**$46.35**
		ER											$0.00	$13.38	**$13.38**
		Prof Svcs											$64.12	$138.37	**$101.25**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$168.07	$164.98	**$166.53**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$246.59**	**$427.96**	**$337.27**
	Total Premiums												**$586.86**	**$612.99**	**$599.92**
Benefit Package 195	**Employees**												**38**	**34**	**36**
	Members												**65**	**49**	**57**
	Claims	Inpatient											$0.00	$382.59	**$382.59**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$83.98	$127.91	**$105.94**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$92.66	$98.45	**$95.55**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$176.64**	**$608.94**	**$392.79**
	Total Premiums												**$522.23**	**$526.80**	**$524.51**
Benefit Package 196	**Employees**												**25**	**25**	**25**
	Members												**25**	**25**	**25**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$90.10	$121.54	**$105.82**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$254.69	$259.61	**$257.15**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$344.78**	**$381.15**	**$362.97**
	Total Premiums												**$729.96**	**$729.96**	**$729.96**
Benefit Package 197	**Employees**												**314**	**313**	**314**
	Members												**416**	**415**	**416**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$98.35	**$98.35**
		ER											$16.43	$0.00	**$16.43**
		Prof Svcs											$117.64	$232.03	**$174.84**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$114.00	$128.51	**$121.25**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$248.07**	**$458.89**	**$353.48**
	Total Premiums												**$845.78**	**$851.02**	**$848.40**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 198	**Employees**												**17**	**19**	**18**
	Members												**18**	**20**	**19**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$696.31	$1,184.58	**$940.45**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$189.81	$136.95	**$163.38**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$61.07	$455.56	**$258.31**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$947.19**	**$1,777.09**	**$1,362.14**
	Total Premiums												**$804.17**	**$759.74**	**$781.95**
Benefit Package 199	**Employees**												**262**	**261**	**262**
	Members												**326**	**320**	**323**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$31.92	$159.62	**$95.77**
		ER											$18.37	$70.00	**$44.19**
		Prof Svcs											$134.39	$327.18	**$230.79**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$259.03	$177.63	**$218.33**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$443.72**	**$734.43**	**$589.08**
	Total Premiums												**$851.34**	**$845.36**	**$848.35**
Benefit Package 200	**Employees**												**251**	**246**	**249**
	Members												**415**	**403**	**409**
	Claims	Inpatient											$29.58	$93.79	**$61.69**
		Outpatient											$42.51	$30.09	**$36.30**
		ER											$8.79	$19.17	**$13.98**
		Prof Svcs											$97.36	$174.08	**$135.72**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$94.68	$98.35	**$96.51**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$272.91**	**$415.47**	**$344.19**
	Total Premiums												**$783.13**	**$767.59**	**$775.36**
Benefit Package 201	**Employees**												**200**	**198**	**199**
	Members												**351**	**348**	**350**
	Claims	Inpatient											$28.07	$19.69	**$23.88**
		Outpatient											$4.19	$49.43	**$26.81**
		ER											$52.62	$34.17	**$43.39**
		Prof Svcs											$119.81	$234.15	**$176.98**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$139.71	$152.54	**$146.13**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$344.40**	**$489.98**	**$417.19**
	Total Premiums												**$755.50**	**$749.67**	**$752.59**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 202	**Employees**												**114**	**115**	**115**
	Members												**266**	**266**	**266**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$2.76	$0.00	**$2.76**
		ER											$9.13	$0.00	**$9.13**
		Prof Svcs											$108.72	$185.33	**$147.03**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$109.87	$96.31	**$103.09**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$230.48**	**$281.64**	**$256.06**
	Total Premiums												**$654.07**	**$660.00**	**$657.04**
Benefit Package 203	**Employees**												**166**	**162**	**164**
	Members												**237**	**231**	**234**
	Claims	Inpatient											$15.39	$198.44	**$106.92**
		Outpatient											$4.38	$92.18	**$48.28**
		ER											$25.30	$118.74	**$72.02**
		Prof Svcs											$233.65	$349.60	**$291.63**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$161.59	$163.66	**$162.63**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$440.31**	**$922.64**	**$681.47**
	Total Premiums												**$827.89**	**$806.16**	**$817.03**
Benefit Package 204	**Employees**												**98**	**96**	**97**
	Members												**140**	**138**	**139**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$48.05	**$48.05**
		Prof Svcs											$98.45	$225.13	**$161.79**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$326.50	$116.49	**$221.50**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$424.95**	**$389.67**	**$407.31**
	Total Premiums												**$913.38**	**$892.47**	**$902.93**
Benefit Package 205	**Employees**												**1,290**	**1,286**	**1,288**
	Members												**2,452**	**2,428**	**2,440**
	Claims	Inpatient											$0.00	$71.21	**$71.21**
		Outpatient											$21.53	$176.24	**$98.88**
		ER											$13.66	$14.25	**$13.96**
		Prof Svcs											$114.79	$186.84	**$150.82**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$104.40	$112.22	**$108.31**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$254.39**	**$560.76**	**$407.57**
	Total Premiums												**$743.39**	**$668.13**	**$705.76**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 206	**Employees**												**404**	**411**	**408**
	Members												**1,054**	**1,056**	**1,055**
	Claims	Inpatient											$0.00	$91.71	**$91.71**
		Outpatient											$27.44	$63.41	**$45.43**
		ER											$7.80	$13.59	**$10.69**
		Prof Svcs											$76.78	$130.35	**$103.57**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$112.36	$85.92	**$99.14**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$224.38**	**$384.98**	**$304.68**
	Total Premiums												**$612.54**	**$570.77**	**$591.66**
Benefit Package 207	**Employees**												**85**	**87**	**86**
	Members												**194**	**197**	**196**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$58.43	$62.45	**$60.44**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$5.10	$13.68	**$9.39**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$63.53**	**$76.12**	**$69.82**
	Total Premiums												**$546.22**	**$540.23**	**$543.22**
Benefit Package 208	**Employees**												**36**	**37**	**37**
	Members												**79**	**80**	**80**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$38.85	**$38.85**
		Prof Svcs											$63.84	$64.89	**$64.37**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$19.50	$30.28	**$24.89**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$83.34**	**$134.03**	**$108.68**
	Total Premiums												**$645.97**	**$848.56**	**$747.27**
Benefit Package 209	**Employees**												**312**	**309**	**311**
	Members												**404**	**399**	**402**
	Claims	Inpatient											$0.00	$247.70	**$247.70**
		Outpatient											$27.48	$109.49	**$68.48**
		ER											$13.89	$31.49	**$22.69**
		Prof Svcs											$146.07	$279.39	**$212.73**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$135.24	$141.04	**$138.14**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$322.67**	**$809.11**	**$565.89**
	Total Premiums												**$818.61**	**$820.00**	**$819.30**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 210	**Employees**												**130**	**129**	**130**
	Members												**219**	**217**	**218**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$2.01	$4.96	**$3.49**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$73.17	$116.21	**$94.69**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$72.03	$61.29	**$66.66**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$147.21**	**$182.46**	**$164.84**
	Total Premiums												**$642.05**	**$658.54**	**$650.30**
Benefit Package 211	**Employees**												**110**	**109**	**110**
	Members												**145**	**144**	**145**
	Claims	Inpatient											$38.72	$0.00	**$38.72**
		Outpatient											$0.98	$399.20	**$200.09**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$104.34	$168.15	**$136.24**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$55.76	$113.76	**$84.76**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$199.80**	**$681.10**	**$440.45**
	Total Premiums												**$616.50**	**$611.93**	**$614.21**
Benefit Package 212	**Employees**												**51**	**52**	**52**
	Members												**65**	**66**	**66**
	Claims	Inpatient											$0.00	$245.45	**$245.45**
		Outpatient											$0.00	$60.48	**$60.48**
		ER											$15.31	$77.10	**$46.20**
		Prof Svcs											$139.78	$283.22	**$211.50**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$69.93	$175.10	**$122.51**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$225.03**	**$841.34**	**$533.18**
	Total Premiums												**$736.56**	**$735.29**	**$735.92**
Benefit Package 213	**Employees**												**41**	**42**	**42**
	Members												**88**	**89**	**89**
	Claims	Inpatient											$0.00	$24.32	**$24.32**
		Outpatient											$0.00	$1.49	**$1.49**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$74.16	$90.76	**$82.46**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$138.64	$95.06	**$116.85**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$212.80**	**$211.63**	**$212.21**
	Total Premiums												**$432.47**	**$432.09**	**$432.28**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 214	**Employees**												**16**	**16**	**16**
	Members												**44**	**44**	**44**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$88.75	**$88.75**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$16.94	$145.03	**$80.99**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$59.03	$5.51	**$32.27**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$75.97**	**$239.29**	**$157.63**
	Total Premiums												**$466.95**	**$466.95**	**$466.95**
Benefit Package 215	**Employees**												**393**	**390**	**392**
	Members												**972**	**963**	**968**
	Claims	Inpatient											$33.21	$190.04	**$111.63**
		Outpatient											$147.67	$51.58	**$99.63**
		ER											$33.96	$47.12	**$40.54**
		Prof Svcs											$202.27	$202.95	**$202.61**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$101.81	$76.02	**$88.91**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$518.93**	**$567.70**	**$543.32**
	Total Premiums												**$762.73**	**$759.71**	**$761.22**
Benefit Package 216	**Employees**												**355**	**358**	**357**
	Members												**622**	**627**	**625**
	Claims	Inpatient											$279.34	$133.58	**$206.46**
		Outpatient											$350.50	$186.81	**$268.65**
		ER											$37.10	$40.68	**$38.89**
		Prof Svcs											$474.61	$317.78	**$396.19**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$165.06	$187.43	**$176.24**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$1,306.61**	**$866.28**	**$1,086.44**
	Total Premiums												**$910.07**	**$907.83**	**$908.95**
Benefit Package 217	**Employees**												**470**	**473**	**472**
	Members												**861**	**862**	**862**
	Claims	Inpatient											$70.74	$0.00	**$70.74**
		Outpatient											$17.61	$19.84	**$18.73**
		ER											$19.62	$20.78	**$20.20**
		Prof Svcs											$198.45	$148.36	**$173.40**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$66.78	$69.34	**$68.06**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$373.20**	**$258.32**	**$315.76**
	Total Premiums												**$780.49**	**$778.50**	**$779.49**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 228	**Employees**												**5**	**6**	**6**
	Members												**18**	**19**	**19**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$65.36	$0.00	**$65.36**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.00	$0.00	**$0.00**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$65.36**	**$0.00**	**$65.36**
	Total Premiums												**$1,808.80**	**$1,591.17**	**$1,699.98**
Benefit Package 229	**Employees**											**13**	**15**	**17**	**15**
	Members											**30**	**35**	**40**	**35**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$77.54	$62.79	$75.48	**$71.94**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$156.22	$87.92	$67.91	**$104.02**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$81.90	$17.00	$19.87	**$39.59**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$315.66**	**$167.71**	**$163.26**	**$215.54**
	Total Premiums											**$856.92**	**$866.40**	**$873.71**	**$865.68**
Benefit Package 230	**Employees**											**3**	**3**	**3**	**3**
	Members											**3**	**3**	**3**	**3**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$0.00	$81.05	$0.00	**$81.05**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$0.00	$0.00	$0.00	**$0.00**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$0.00**	**$81.05**	**$0.00**	**$81.05**
	Total Premiums											**$434.00**	**$434.00**	**$434.00**	**$434.00**
Benefit Package 231	**Employees**												**46**	**46**	**46**
	Members												**76**	**76**	**76**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$232.07	$383.37	**$307.72**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$130.62	$115.21	**$122.91**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$108.84	$139.87	**$124.36**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$471.53**	**$638.44**	**$554.99**
	Total Premiums												**$792.46**	**$792.46**	**$792.46**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Employee Per Month
Calendar Year 2013

Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 232	**Employees**											**72**	**71**	**71**	**71**
	Members											**100**	**99**	**99**	**99**
	Claims	Inpatient										$486.42	$10.76	$0.00	**$248.59**
		Outpatient										$72.72	$34.49	$169.04	**$92.08**
		ER										$0.00	$4.85	$12.61	**$8.73**
		Prof Svcs										$207.28	$180.23	$193.60	**$193.71**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$135.74	$127.94	$147.77	**$137.15**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$902.16**	**$358.28**	**$523.02**	**$594.49**
	Total Premiums											**$790.51**	**$793.63**	**$793.63**	**$792.59**
Benefit Package 233	**Employees**											**94**	**94**	**94**	**94**
	Members											**149**	**149**	**150**	**149**
	Claims	Inpatient										$0.00	$0.00	$83.19	**$83.19**
		Outpatient										$243.54	$520.17	$298.47	**$354.06**
		ER										$0.00	$85.34	$4.50	**$44.92**
		Prof Svcs										$134.70	$244.44	$195.27	**$191.47**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$52.12	$70.75	$78.23	**$67.03**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$430.36**	**$920.70**	**$659.65**	**$670.24**
	Total Premiums											**$1,006.06**	**$1,006.06**	**$1,012.82**	**$1,008.32**
Benefit Package 234	**Employees**												**292**	**292**	**292**
	Members												**538**	**536**	**537**
	Claims	Inpatient											$7.26	$0.00	**$7.26**
		Outpatient											$142.76	$220.89	**$181.82**
		ER											$49.49	$18.97	**$34.23**
		Prof Svcs											$126.46	$175.26	**$150.86**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$83.78	$177.78	**$130.78**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$409.75**	**$592.89**	**$501.32**
	Total Premiums												**$910.43**	**$907.05**	**$908.74**
Benefit Package 235	**Employees**												**156**	**156**	**156**
	Members												**338**	**339**	**339**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$83.63	$91.26	**$87.45**
		ER											$16.93	$10.23	**$13.58**
		Prof Svcs											$102.27	$104.12	**$103.19**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$24.92	$60.66	**$42.79**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$227.74**	**$266.28**	**$247.01**
	Total Premiums												**$784.92**	**$787.24**	**$786.08**

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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 236	**Employees**												**75**	**77**	**76**
	Members												**187**	**190**	**189**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$187.10	$323.97	**$255.54**
		ER											$0.00	$31.30	**$31.30**
		Prof Svcs											$111.12	$145.88	**$128.50**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$15.55	$13.90	**$14.73**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$313.78**	**$515.06**	**$414.42**
	Total Premiums												**$987.53**	**$977.31**	**$982.42**
Benefit Package 237	**Employees**												**54**	**56**	**55**
	Members												**117**	**120**	**119**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$24.64	$55.51	**$40.07**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$59.20	$60.05	**$59.62**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$48.14	$44.05	**$46.09**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$131.98**	**$159.60**	**$145.79**
	Total Premiums												**$706.94**	**$699.18**	**$703.06**
Benefit Package 238	**Employees**												**7**	**8**	**8**
	Members												**11**	**13**	**12**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$125.94	$0.00	**$125.94**
		ER											$59.58	$0.00	**$59.58**
		Prof Svcs											$79.45	$31.46	**$55.46**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$1.71	$4.67	**$3.19**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$266.68**	**$36.14**	**$151.41**
	Total Premiums												**$497.14**	**$514.00**	**$505.57**
Benefit Package 239	**Employees**											**171**	**173**	**172**	**172**
	Members											**268**	**268**	**264**	**267**
	Claims	Inpatient										$120.25	$0.00	$0.00	**$120.25**
		Outpatient										$54.71	$131.14	$185.04	**$123.63**
		ER										$17.40	$9.68	$12.65	**$13.24**
		Prof Svcs										$199.18	$149.32	$196.87	**$181.79**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$82.61	$106.47	$100.82	**$96.63**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$474.14**	**$396.61**	**$495.38**	**$455.38**
	Total Premiums											**$1,038.42**	**$1,026.41**	**$1,016.97**	**$1,027.26**

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Experience Reports by Benefit Package — Per Employee Per Month
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Benefit Package	Cat-egory	Sub-Category	Financial Measures PEPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 240	**Employees**											**191**	**191**	**192**	**191**
	Members											**317**	**317**	**319**	**318**
	Claims	Inpatient										$0.00	$28.17	$80.53	**$54.35**
		Outpatient										$195.58	$163.30	$280.58	**$213.15**
		ER										$3.35	$4.73	$26.74	**$11.61**
		Prof Svcs										$224.78	$275.57	$325.42	**$275.26**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$114.74	$85.53	$112.54	**$104.27**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$538.45**	**$557.29**	**$825.81**	**$640.52**
	Total Premiums											**$1,099.66**	**$1,099.66**	**$1,100.83**	**$1,100.05**
Grand Total	**Employees**		**104,737**	**104,902**	**104,988**	**104,978**	**104,955**	**104,946**	**104,789**	**104,414**	**104,293**	**104,729**	**101,660**	**102,036**	**104,286**
	Members		**201,579**	**201,836**	**201,899**	**201,895**	**201,828**	**201,752**	**201,479**	**200,800**	**200,545**	**202,090**	**195,487**	**195,977**	**200,597**
	Claims	Inpatient	$146.04	$135.45	$148.70	$169.26	$150.71	$189.81	$171.69	$161.51	$144.96	$163.24	$133.07	$142.66	**$154.76**
		Outpatient	$145.23	$131.34	$148.98	$143.51	$151.80	$154.51	$182.67	$183.01	$143.26	$151.61	$141.29	$157.09	**$152.86**
		ER	$25.72	$23.12	$27.55	$25.44	$28.61	$25.78	$27.74	$27.19	$25.92	$29.49	$27.49	$24.35	**$26.53**
		Prof Svcs	$227.77	$215.34	$235.68	$236.60	$246.92	$234.39	$274.10	$292.11	$221.08	$240.10	$206.59	$219.17	**$237.49**
		Other	$47.00	$44.00	$47.67	$46.09	$49.27	$44.39	$52.26	$54.27	$47.68	$66.28	$46.61	$44.99	**$49.21**
		Pharmacy	$127.70	$116.41	$124.32	$128.62	$130.20	$127.31	$137.79	$141.61	$135.00	$135.44	$123.89	$130.26	**$129.88**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$719.45**	**$665.67**	**$732.91**	**$749.51**	**$757.51**	**$776.18**	**$846.26**	**$859.70**	**$717.90**	**$786.17**	**$678.94**	**$718.52**	**$750.73**
	Total Premiums		**$799.01**	**$798.81**	**$803.10**	**$804.66**	**$804.40**	**$807.57**	**$803.97**	**$803.05**	**$807.18**	**$809.26**	**$869.10**	**$864.10**	**$814.52**

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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 003	**Employees**		**161**	**161**	**162**	**162**	**161**	**161**	**161**	**161**	**161**				**161**
	Members		**272**	**272**	**276**	**276**	**271**	**272**	**271**	**271**	**270**				**272**
	Claims	Inpatient	$0.00	$93.26	$104.18	$0.00	$109.63	$422.38	$424.92	$143.48	$47.22				**$192.15**
		Outpatient	$119.20	$138.25	$161.44	$96.92	$88.26	$118.32	$201.70	$280.45	$161.82				**$151.82**
		ER	$43.75	$13.04	$35.93	$7.92	$11.64	$53.04	$52.30	$13.32	$31.20				**$29.13**
		Prof Svcs	$132.92	$153.78	$193.87	$122.55	$185.25	$217.32	$277.91	$241.12	$164.52				**$187.69**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$134.22	$101.51	$128.06	$97.82	$92.43	$133.44	$83.37	$135.73	$170.65				**$119.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$430.09**	**$499.85**	**$623.48**	**$325.21**	**$487.21**	**$944.51**	**$1,040.20**	**$814.10**	**$575.41**				**$637.78**
	Total Premiums		**$526.57**	**$526.57**	**$526.57**	**$526.57**	**$526.57**	**$526.57**	**$526.57**	**$526.57**	**$526.57**				**$526.57**
Benefit Package 004	**Employees**		**80**	**79**	**79**	**79**	**78**	**78**	**78**	**78**	**78**				**79**
	Members		**156**	**153**	**152**	**150**	**149**	**150**	**150**	**153**	**153**				**152**
	Claims	Inpatient	$0.00	$0.00	$0.00	$52.05	$25.55	$138.64	$0.00	$113.58	$0.00				**$82.45**
		Outpatient	$172.64	$111.43	$198.81	$161.04	$179.12	$402.48	$164.72	$276.13	$221.47				**$209.76**
		ER	$19.48	$25.45	$10.26	$8.17	$24.47	$45.77	$34.99	$27.68	$17.46				**$23.75**
		Prof Svcs	$79.88	$52.04	$63.64	$89.82	$58.58	$163.04	$105.86	$138.29	$96.31				**$94.16**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$60.19	$43.23	$52.41	$48.87	$53.90	$46.67	$43.22	$63.75	$47.82				**$51.12**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$332.19**	**$232.16**	**$325.12**	**$359.94**	**$341.62**	**$796.60**	**$348.81**	**$619.43**	**$383.07**				**$415.44**
	Total Premiums		**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**				**$500.09**
Benefit Package 005	**Employees**		**76**	**75**	**75**	**75**	**75**	**74**	**74**	**74**	**74**				**75**
	Members		**152**	**150**	**150**	**146**	**143**	**143**	**144**	**144**	**142**				**146**
	Claims	Inpatient	$94.04	$916.70	$0.00	$0.00	$66.29	$104.12	$0.00	$0.00	$54.28				**$247.08**
		Outpatient	$150.60	$230.47	$47.30	$57.28	$65.03	$30.61	$73.71	$31.25	$68.95				**$83.91**
		ER	$23.85	$73.43	$8.80	$35.70	$32.78	$17.74	$26.90	$7.11	$23.94				**$27.81**
		Prof Svcs	$129.29	$184.95	$87.36	$110.80	$117.01	$113.99	$150.62	$85.62	$153.48				**$125.90**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$69.02	$81.45	$54.41	$62.65	$57.52	$79.73	$61.44	$73.30	$74.32				**$68.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$466.81**	**$1,487.00**	**$197.87**	**$266.43**	**$338.63**	**$346.19**	**$312.67**	**$197.28**	**$374.97**				**$443.10**
	Total Premiums		**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**	**$500.09**				**$500.09**
Benefit Package 006	**Employees**		**9**	**11**	**10**	**10**	**10**	**10**	**10**	**10**	**10**				**10**
	Members		**24**	**27**	**24**	**24**	**24**	**24**	**23**	**23**	**23**				**24**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$615.43	$0.34	$0.00	$13.25	$0.57	$12.18	$94.03	$0.00	$18.07				**$107.70**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$19.68	$0.00	$0.00				**$19.68**
		Prof Svcs	$164.59	$21.93	$44.71	$21.98	$5.88	$13.90	$48.67	$227.45	$19.92				**$63.23**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$42.03	$31.66	$37.53	$17.68	$11.47	$0.50	$14.51	$2.59	$31.86				**$21.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$822.05**	**$53.92**	**$82.24**	**$52.90**	**$17.92**	**$26.58**	**$176.90**	**$230.04**	**$69.84**				**$170.27**
	Total Premiums		**$422.79**	**$422.81**	**$422.79**	**$422.79**	**$422.79**	**$422.79**	**$422.83**	**$422.83**	**$422.83**				**$422.81**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 007	**Employees**		**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**				**7**
	Members		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**				**19**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$645.05	$228.42	$17.59	$20.86	$0.00	$0.00				**$227.98**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$163.03				**$163.03**
		Prof Svcs	$13.33	$0.00	$0.00	$76.42	$14.84	$23.19	$59.11	$17.94	$60.53				**$37.91**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.12	$18.16	$2.36	$15.10				**$8.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$13.33**	**$0.00**	**$0.00**	**$721.47**	**$243.26**	**$40.89**	**$98.13**	**$20.30**	**$238.66**				**$196.58**
	Total Premiums		**$341.05**	**$341.05**	**$341.05**	**$341.05**	**$341.05**	**$341.05**	**$341.05**	**$341.05**	**$341.05**				**$341.05**
Benefit Package 008	**Employees**		**1**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**0**	**0**	**2**
	Members		**1**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**1**	**0**	**0**	**2**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$0.00	$117.82	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$117.82**
		Other	$0.00	$219.45	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$219.45**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$0.00**	**$219.45**	**$117.82**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$168.63**
	Total Premiums		**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$421.07**	**$0.00**	**$0.00**	**$421.07**
Benefit Package 009	**Employees**		**56**	**56**	**56**	**56**	**56**	**56**	**56**	**54**	**54**	**55**	**60**	**59**	**56**
	Members		**109**	**109**	**109**	**108**	**108**	**107**	**106**	**102**	**102**	**103**	**101**	**100**	**105**
	Claims	Inpatient	$0.00	$216.57	$0.00	$0.00	$323.89	$0.00	$0.00	$1,011.08	$125.55	$0.00	$280.43	$0.00	**$391.51**
		Outpatient	$193.40	$18.18	$48.92	$127.18	$121.93	$81.81	$65.17	$64.98	$33.89	$130.34	$41.53	$57.77	**$82.09**
		ER	$16.91	$17.98	$0.00	$0.00	$2.68	$0.00	$45.87	$26.01	$4.58	$7.28	$36.59	$11.17	**$18.79**
		Prof Svcs	$41.55	$89.67	$56.62	$38.87	$103.02	$433.00	$144.42	$176.43	$122.95	$73.26	$56.23	$44.81	**$115.07**
		Other	$50.12	$342.13	$672.18	$801.45	$695.95	$283.35	$894.30	$83.00	$85.44	$732.17	$756.23	$267.46	**$471.98**
		Pharmacy	$23.69	$36.85	$38.59	$16.04	$45.80	$25.80	$36.49	$45.60	$16.73	$34.28	$25.37	$32.79	**$31.50**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$325.67**	**$721.38**	**$816.31**	**$983.53**	**$1,293.27**	**$823.96**	**$1,186.24**	**$1,407.10**	**$389.13**	**$977.33**	**$1,196.38**	**$414.00**	**$877.86**
	Total Premiums		**$483.91**	**$483.91**	**$483.91**	**$488.39**	**$488.39**	**$487.50**	**$488.71**	**$484.88**	**$484.88**	**$488.07**	**$522.47**	**$527.69**	**$492.72**
Benefit Package 010	**Employees**		**261**	**261**	**260**	**257**	**256**	**256**	**256**	**255**	**252**	**256**	**260**	**258**	**257**
	Members		**420**	**415**	**414**	**409**	**407**	**405**	**406**	**406**	**399**	**408**	**411**	**409**	**409**
	Claims	Inpatient	$205.56	$23.65	$84.16	$128.39	$99.46	$0.00	$0.00	$106.54	$0.00	$0.05	$166.81	$223.60	**$115.36**
		Outpatient	$114.53	$136.41	$83.62	$91.37	$117.61	$134.09	$349.14	$101.00	$105.01	$107.32	$127.56	$127.85	**$132.96**
		ER	$50.24	$45.98	$1.49	$25.49	$27.59	$10.87	$27.93	$7.73	$4.24	$21.64	$22.74	$12.25	**$21.51**
		Prof Svcs	$131.18	$101.48	$107.15	$88.55	$116.82	$80.52	$149.04	$105.54	$139.26	$95.45	$139.77	$112.21	**$113.92**
		Other	$161.27	$194.58	$178.76	$129.65	$150.66	$96.42	$189.39	$168.83	$105.38	$95.04	$162.49	$181.59	**$151.17**
		Pharmacy	$38.82	$34.03	$42.20	$40.86	$44.95	$37.60	$37.35	$49.53	$38.78	$36.71	$52.37	$34.23	**$40.62**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$701.61**	**$536.13**	**$497.39**	**$504.31**	**$557.08**	**$359.51**	**$752.86**	**$539.16**	**$392.66**	**$356.22**	**$671.74**	**$691.74**	**$546.70**
	Total Premiums		**$575.30**	**$577.89**	**$577.66**	**$576.89**	**$576.43**	**$579.28**	**$579.50**	**$577.84**	**$576.86**	**$573.26**	**$589.51**	**$589.00**	**$579.12**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
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Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 011	**Employees**		**91**	**92**	**93**	**93**	**92**	**92**	**92**	**94**	**93**	**92**	**96**	**96**	**93**
	Members		**238**	**239**	**240**	**240**	**238**	**237**	**237**	**242**	**241**	**235**	**249**	**243**	**240**
	Claims	Inpatient	$0.00	$10.09	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$13.34	$0.00	$8.32	**$10.58**
		Outpatient	$1.27	$0.99	$42.10	$13.88	$21.36	$6.15	$65.55	$3.74	$1.55	$84.00	$17.44	$30.38	**$24.03**
		ER	$13.59	$12.24	$0.00	$0.24	$9.01	$0.00	$0.00	$0.00	$0.00	$33.92	$1.78	$0.56	**$10.19**
		Prof Svcs	$21.91	$29.15	$37.26	$28.39	$28.00	$24.95	$32.43	$30.76	$35.09	$23.08	$35.78	$40.14	**$30.58**
		Other	$19.31	$15.10	$27.05	$21.89	$44.01	$18.32	$18.22	$28.25	$19.61	$31.50	$31.50	$24.56	**$24.94**
		Pharmacy	$7.93	$12.14	$15.96	$14.40	$10.43	$7.26	$14.79	$7.25	$8.50	$12.67	$8.98	$6.62	**$10.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$64.01**	**$79.71**	**$122.37**	**$78.80**	**$112.79**	**$56.68**	**$131.00**	**$70.00**	**$64.74**	**$198.50**	**$95.48**	**$110.59**	**$98.72**
	Total Premiums		**$332.65**	**$333.19**	**$333.73**	**$333.73**	**$333.11**	**$332.58**	**$332.58**	**$331.57**	**$331.02**	**$332.40**	**$351.97**	**$357.45**	**$336.33**
Benefit Package 012	**Employees**		**128**	**128**	**127**	**127**	**126**	**125**	**124**	**120**	**116**	**233**	**273**	**278**	**159**
	Members		**246**	**245**	**242**	**240**	**239**	**240**	**239**	**229**	**223**	**445**	**524**	**531**	**304**
	Claims	Inpatient	$45.92	$0.00	$0.00	$0.00	$106.10	$154.86	$0.00	$128.25	$18.05	$10.23	$10.78	$56.90	**$66.39**
		Outpatient	$13.04	$14.76	$0.63	$12.53	$1.50	$4.19	$2.95	$0.15	$0.00	$2.02	$6.06	$1.38	**$5.38**
		ER	$1.58	$1.12	$0.54	$21.84	$6.50	$16.57	$0.00	$7.45	$0.00	$9.96	$7.75	$1.93	**$7.52**
		Prof Svcs	$21.24	$10.02	$4.57	$2.64	$15.90	$27.18	$4.58	$34.54	$16.08	$4.92	$6.08	$15.48	**$13.60**
		Other	$302.33	$291.21	$172.53	$164.39	$192.34	$195.21	$145.32	$232.35	$122.77	$189.80	$142.33	$141.23	**$190.98**
		Pharmacy	$10.15	$6.92	$8.40	$16.43	$13.47	$13.85	$11.13	$13.91	$8.54	$12.90	$45.32	$29.86	**$15.91**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$394.25**	**$324.03**	**$186.68**	**$217.82**	**$335.81**	**$411.86**	**$163.98**	**$416.65**	**$165.44**	**$229.83**	**$218.32**	**$246.79**	**$275.95**
	Total Premiums		**$333.29**	**$342.96**	**$328.01**	**$333.19**	**$334.99**	**$333.83**	**$334.24**	**$357.28**	**$356.28**	**$313.57**	**$373.04**	**$388.55**	**$344.10**
Benefit Package 013	**Employees**		**134**	**134**	**134**	**132**	**129**	**129**	**129**	**129**	**128**	**264**	**360**	**361**	**180**
	Members		**353**	**353**	**356**	**353**	**349**	**347**	**348**	**348**	**341**	**695**	**645**	**648**	**428**
	Claims	Inpatient	$99.05	$0.00	$64.12	$20.35	$90.61	$41.53	$220.69	$51.08	$122.08	$83.66	$16.37	$0.00	**$80.95**
		Outpatient	$106.23	$9.16	$19.12	$7.49	$23.28	$19.04	$10.32	$24.42	$10.02	$37.93	$20.15	$72.00	**$29.93**
		ER	$12.46	$2.48	$7.34	$5.44	$11.44	$4.93	$5.30	$6.86	$3.94	$19.30	$8.81	$28.23	**$9.71**
		Prof Svcs	$36.21	$18.00	$68.55	$31.31	$34.64	$22.21	$33.69	$18.28	$26.58	$27.81	$11.00	$30.00	**$29.86**
		Other	$163.25	$129.11	$143.59	$154.54	$180.67	$114.11	$175.57	$161.00	$150.32	$180.16	$184.08	$182.98	**$159.95**
		Pharmacy	$30.21	$28.92	$28.82	$41.07	$33.51	$42.95	$51.21	$60.32	$36.89	$37.50	$43.28	$33.53	**$39.02**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$447.42**	**$187.67**	**$331.54**	**$260.21**	**$374.15**	**$244.77**	**$496.77**	**$321.95**	**$349.82**	**$386.37**	**$283.70**	**$346.73**	**$335.93**
	Total Premiums		**$363.13**	**$351.36**	**$357.79**	**$362.25**	**$366.08**	**$347.18**	**$358.29**	**$353.49**	**$366.39**	**$389.53**	**$536.61**	**$485.44**	**$386.46**
Benefit Package 014	**Employees**		**230**	**239**	**242**	**240**	**242**	**240**	**238**	**218**	**196**	**403**			**249**
	Members		**329**	**339**	**343**	**340**	**346**	**345**	**343**	**318**	**275**	**587**			**357**
	Claims	Inpatient	$60.80	$49.41	$0.00	$78.75	$18.95	$73.42	$12.45	$81.28	$294.61	$56.97			**$80.74**
		Outpatient	$16.54	$0.63	$13.04	$4.41	$4.05	$12.95	$20.57	$160.29	$129.20	$7.90			**$36.96**
		ER	$1.61	$19.01	$5.83	$9.10	$2.18	$21.23	$3.29	$9.24	$3.54	$14.70			**$8.97**
		Prof Svcs	$18.33	$9.37	$5.92	$13.22	$3.28	$33.60	$6.58	$26.09	$51.48	$26.38			**$19.42**
		Other	$164.09	$206.20	$168.60	$176.20	$158.37	$196.35	$192.04	$229.69	$179.90	$240.55			**$191.20**
		Pharmacy	$40.50	$50.92	$53.22	$51.10	$53.91	$33.50	$55.75	$42.91	$46.68	$69.76			**$49.83**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$301.88**	**$335.54**	**$246.61**	**$332.78**	**$240.75**	**$371.04**	**$290.68**	**$549.49**	**$705.42**	**$416.27**			**$379.05**
	Total Premiums		**$449.53**	**$417.97**	**$464.50**	**$451.54**	**$472.04**	**$434.26**	**$456.53**	**$416.97**	**$520.34**	**$498.75**			**$458.24**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 016	**Employees**		**158**	**156**	**155**	**153**	**153**	**153**	**153**	**152**	**150**	**314**	**84**	**84**	**155**
	Members		**268**	**265**	**260**	**255**	**256**	**256**	**257**	**256**	**255**	**529**	**143**	**143**	**262**
	Claims	Inpatient	$0.00	$96.04	$0.00	$205.08	$0.00	$0.00	$0.00	$75.76	$0.00	$111.67	$0.00	$0.00	**$122.14**
		Outpatient	$9.97	$46.38	$29.81	$8.12	$48.55	$70.51	$7.27	$9.75	$50.62	$61.89	$86.47	$0.00	**$39.03**
		ER	$9.32	$12.09	$11.06	$18.61	$15.53	$85.57	$9.14	$22.88	$7.31	$9.76	$0.00	$10.75	**$19.27**
		Prof Svcs	$10.25	$27.41	$17.84	$34.81	$64.32	$64.61	$35.59	$25.12	$14.64	$36.08	$23.69	$0.50	**$29.57**
		Other	$223.57	$185.60	$199.55	$176.93	$177.56	$196.88	$220.01	$247.84	$186.78	$218.53	$122.97	$126.78	**$190.25**
		Pharmacy	$77.01	$59.36	$64.75	$73.51	$64.45	$64.08	$80.29	$56.34	$109.27	$68.17	$46.86	$36.44	**$66.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$330.12**	**$426.89**	**$323.01**	**$517.06**	**$370.41**	**$481.64**	**$352.31**	**$437.68**	**$368.61**	**$506.10**	**$279.99**	**$174.47**	**$380.69**
	Total Premiums		**$448.06**	**$451.93**	**$457.64**	**$459.48**	**$454.98**	**$457.67**	**$460.25**	**$452.67**	**$464.64**	**$475.13**	**$448.37**	**$456.16**	**$457.25**
Benefit Package 017	**Employees**		**6,436**	**6,513**	**6,575**	**6,606**	**6,621**	**6,638**	**6,629**	**6,621**	**6,648**	**7,025**	**10,739**	**10,885**	**7,328**
	Members		**15,794**	**15,947**	**16,046**	**16,131**	**16,160**	**16,211**	**16,210**	**16,182**	**16,263**	**16,930**	**24,481**	**24,719**	**17,590**
	Claims	Inpatient	$41.69	$25.68	$38.20	$39.16	$33.90	$85.60	$65.43	$60.62	$28.41	$51.83	$37.56	$29.97	**$44.84**
		Outpatient	$42.53	$40.11	$42.91	$56.25	$45.55	$54.03	$58.34	$55.06	$45.42	$39.81	$42.83	$50.54	**$47.78**
		ER	$4.97	$5.35	$8.01	$10.67	$7.60	$6.62	$7.66	$7.55	$10.67	$11.66	$8.14	$7.71	**$8.05**
		Prof Svcs	$89.78	$85.15	$88.41	$91.69	$88.16	$88.35	$104.96	$107.18	$80.56	$91.53	$80.82	$84.40	**$90.08**
		Other	$1.97	$1.97	$4.41	$2.45	$1.84	$1.78	$2.64	$6.25	$6.32	$4.05	$2.37	$3.23	**$3.27**
		Pharmacy	$21.03	$19.91	$23.09	$24.70	$24.01	$24.15	$26.88	$26.99	$25.59	$27.03	$22.63	$25.78	**$24.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$201.96**	**$178.19**	**$205.04**	**$224.92**	**$201.06**	**$260.55**	**$265.91**	**$263.63**	**$196.97**	**$225.90**	**$194.35**	**$201.63**	**$218.34**
	Total Premiums		**$259.67**	**$259.07**	**$259.31**	**$259.24**	**$259.39**	**$259.17**	**$258.94**	**$259.10**	**$259.01**	**$259.78**	**$306.27**	**$306.77**	**$267.14**
Benefit Package 018	**Employees**		**3,220**	**3,248**	**3,264**	**3,286**	**3,287**	**3,296**	**3,304**	**3,287**	**3,301**	**3,452**	**4,887**	**4,954**	**3,566**
	Members		**8,168**	**8,217**	**8,257**	**8,298**	**8,300**	**8,322**	**8,338**	**8,276**	**8,310**	**8,562**	**11,739**	**11,897**	**8,890**
	Claims	Inpatient	$32.52	$46.54	$60.02	$20.54	$28.18	$81.11	$46.05	$37.37	$22.26	$37.92	$37.25	$60.11	**$42.49**
		Outpatient	$56.19	$46.53	$57.89	$62.67	$48.38	$55.66	$92.51	$82.36	$47.47	$49.82	$38.48	$53.02	**$57.58**
		ER	$7.44	$13.06	$12.06	$14.19	$9.32	$7.46	$9.77	$11.14	$7.44	$8.81	$6.24	$7.61	**$9.54**
		Prof Svcs	$73.05	$72.19	$69.24	$72.23	$68.83	$70.55	$89.55	$86.08	$66.55	$73.46	$65.62	$73.06	**$73.37**
		Other	$1.38	$4.71	$4.73	$2.86	$5.40	$3.57	$2.60	$2.77	$2.67	$1.99	$1.68	$3.35	**$3.14**
		Pharmacy	$29.60	$31.15	$33.85	$36.48	$37.21	$34.03	$39.93	$38.59	$38.44	$38.19	$33.23	$40.69	**$35.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$200.19**	**$214.18**	**$237.79**	**$208.95**	**$197.32**	**$252.39**	**$280.41**	**$258.31**	**$184.81**	**$210.20**	**$182.50**	**$237.84**	**$222.07**
	Total Premiums		**$262.48**	**$261.82**	**$261.86**	**$261.82**	**$261.85**	**$261.76**	**$261.87**	**$262.43**	**$262.58**	**$262.22**	**$306.15**	**$305.81**	**$269.39**
Benefit Package 019	**Employees**		**1,492**	**1,516**	**1,526**	**1,534**	**1,542**	**1,544**	**1,544**	**1,551**	**1,572**	**1,572**	**1,928**	**1,951**	**1,606**
	Members		**3,634**	**3,700**	**3,728**	**3,748**	**3,765**	**3,769**	**3,766**	**3,771**	**3,826**	**3,828**	**4,520**	**4,563**	**3,885**
	Claims	Inpatient	$52.21	$34.96	$28.35	$45.74	$80.97	$92.16	$31.36	$35.00	$27.42	$38.41	$31.83	$31.91	**$44.19**
		Outpatient	$45.14	$41.88	$39.19	$52.45	$31.42	$41.42	$50.63	$40.59	$46.81	$33.97	$43.56	$53.06	**$43.34**
		ER	$5.99	$7.58	$8.18	$9.48	$7.27	$8.67	$6.33	$15.69	$11.22	$11.12	$7.52	$10.45	**$9.13**
		Prof Svcs	$75.79	$69.60	$81.36	$82.37	$77.61	$70.41	$82.24	$94.45	$72.98	$87.87	$73.16	$71.07	**$78.24**
		Other	$1.29	$5.17	$2.47	$2.36	$1.67	$6.03	$4.73	$1.65	$3.21	$2.65	$2.31	$4.96	**$3.21**
		Pharmacy	$25.00	$24.02	$28.39	$29.87	$30.24	$32.82	$31.07	$35.41	$34.50	$34.31	$30.31	$36.89	**$31.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$205.43**	**$183.20**	**$187.94**	**$222.27**	**$229.18**	**$251.51**	**$206.35**	**$222.80**	**$196.14**	**$208.34**	**$188.69**	**$208.33**	**$209.18**
	Total Premiums		**$256.85**	**$255.23**	**$255.40**	**$255.15**	**$255.01**	**$254.96**	**$255.04**	**$255.83**	**$255.90**	**$254.71**	**$297.50**	**$297.52**	**$262.42**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 020	**Employees**		**107**	**108**	**112**	**112**	**115**	**115**	**113**	**106**	**97**	**93**	**0**	**0**	**108**
	Members		**150**	**149**	**153**	**153**	**159**	**159**	**155**	**148**	**141**	**136**	**0**	**0**	**150**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$110.96	$66.00	$57.40	$0.00	$1,070.07	$0.00	$0.00	**$326.10**
		Outpatient	$64.52	$7.83	$51.08	$9.00	$99.01	$89.34	$316.27	$145.47	$56.94	$13.49	$0.00	$0.00	**$85.29**
		ER	$41.73	$16.67	$21.35	$1.62	$34.23	$7.15	$21.19	$27.72	$55.75	$2.21	$0.00	$0.00	**$22.96**
		Prof Svcs	$113.08	$92.94	$130.77	$84.33	$153.07	$95.51	$157.29	$188.37	$176.85	$254.46	$0.00	$0.00	**$144.67**
		Other	$99.31	$143.34	$140.24	$107.75	$134.27	$86.30	$148.43	$111.78	$82.44	$160.54	$0.00	$0.00	**$121.44**
		Pharmacy	$74.69	$78.93	$90.74	$93.61	$88.32	$76.67	$72.08	$131.01	$93.47	$92.44	$0.00	$0.00	**$89.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$393.32**	**$339.71**	**$434.18**	**$296.31**	**$508.89**	**$465.92**	**$781.26**	**$661.75**	**$465.44**	**$1,593.22**	**$0.00**	**$0.00**	**$594.00**
	Total Premiums		**$557.12**	**$558.08**	**$560.94**	**$560.94**	**$556.41**	**$556.41**	**$560.08**	**$554.99**	**$539.93**	**$540.14**	**$0.00**	**$0.00**	**$554.50**
Benefit Package 021	**Employees**		**111**	**112**	**112**	**111**	**111**	**112**	**109**	**107**	**90**	**82**	**0**	**0**	**106**
	Members		**163**	**164**	**164**	**161**	**161**	**161**	**158**	**155**	**131**	**111**	**0**	**0**	**153**
	Claims	Inpatient	$258.11	$0.00	$40.77	$5.09	$168.80	$0.00	$68.88	$0.00	$0.00	$0.00	$0.00	$0.00	**$108.33**
		Outpatient	$0.72	$6.21	$16.84	$48.34	$21.31	$7.39	$79.85	$11.62	$0.80	$133.98	$0.00	$0.00	**$32.70**
		ER	$0.00	$2.58	$11.65	$0.00	$1.04	$0.00	$4.57	$6.04	$0.00	$53.53	$0.00	$0.00	**$13.24**
		Prof Svcs	$77.06	$73.49	$67.74	$57.32	$113.11	$56.55	$91.97	$86.91	$69.51	$148.50	$0.00	$0.00	**$84.22**
		Other	$39.56	$87.31	$71.59	$61.01	$85.84	$74.92	$43.24	$44.56	$48.65	$58.24	$0.00	$0.00	**$61.49**
		Pharmacy	$11.41	$18.85	$27.52	$9.97	$15.27	$16.07	$9.58	$21.94	$13.91	$28.62	$0.00	$0.00	**$17.31**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$386.86**	**$188.44**	**$236.10**	**$181.73**	**$405.36**	**$154.93**	**$298.08**	**$171.07**	**$132.87**	**$422.87**	**$0.00**	**$0.00**	**$257.83**
	Total Premiums		**$411.37**	**$412.01**	**$412.01**	**$414.94**	**$414.94**	**$416.09**	**$414.18**	**$413.93**	**$414.52**	**$440.80**	**$0.00**	**$0.00**	**$416.48**
Benefit Package 022	**Employees**		**519**	**520**	**519**	**517**	**517**	**516**	**516**	**514**	**512**	**1,026**	**524**	**525**	**560**
	Members		**1,132**	**1,136**	**1,135**	**1,130**	**1,135**	**1,132**	**1,127**	**1,121**	**1,120**	**2,249**	**1,041**	**1,042**	**1,208**
	Claims	Inpatient	$77.24	$122.18	$80.82	$172.21	$74.49	$109.01	$137.54	$155.84	$40.88	$32.85	$113.80	$30.20	**$95.59**
		Outpatient	$72.71	$49.08	$37.12	$28.38	$27.96	$48.61	$90.89	$26.68	$35.21	$37.28	$70.80	$39.04	**$46.98**
		ER	$7.92	$20.74	$11.64	$12.72	$14.96	$5.54	$12.25	$15.56	$10.74	$10.92	$14.19	$7.73	**$12.08**
		Prof Svcs	$106.48	$104.96	$171.27	$74.99	$105.27	$79.82	$118.95	$133.58	$99.05	$98.68	$109.26	$114.27	**$109.71**
		Other	$71.50	$73.80	$77.98	$92.53	$79.46	$52.82	$75.24	$91.56	$84.05	$84.70	$86.10	$71.50	**$78.44**
		Pharmacy	$35.28	$36.55	$55.24	$45.21	$53.05	$43.22	$43.99	$53.78	$37.89	$40.99	$65.84	$40.58	**$45.97**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$371.13**	**$407.32**	**$434.08**	**$426.04**	**$355.18**	**$339.02**	**$478.87**	**$477.01**	**$307.82**	**$305.42**	**$459.99**	**$303.33**	**$388.77**
	Total Premiums		**$409.87**	**$408.13**	**$407.89**	**$407.54**	**$406.34**	**$407.12**	**$409.04**	**$407.27**	**$406.87**	**$408.19**	**$489.56**	**$490.08**	**$421.49**
Benefit Package 024	**Employees**		**28**	**27**	**27**	**26**	**26**	**26**	**26**	**26**	**27**	**46**	**187**	**189**	**55**
	Members		**68**	**67**	**68**	**64**	**64**	**65**	**65**	**65**	**68**	**114**	**325**	**326**	**113**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$247.57	$0.00	$0.00	$44.51	$38.00	$0.00	**$110.03**
		Outpatient	$0.00	$0.00	$0.04	$8.76	$0.03	$135.24	$0.03	$3.12	$0.04	$0.00	$20.35	$40.46	**$23.12**
		ER	$10.78	$0.00	$0.00	$0.00	$18.42	$23.74	$36.10	$40.46	$0.00	$9.60	$7.92	$7.67	**$19.34**
		Prof Svcs	$20.72	$33.68	$51.64	$77.41	$39.42	$55.15	$103.90	$87.81	$29.13	$57.93	$61.81	$57.36	**$56.33**
		Other	$21.74	$19.97	$36.04	$25.20	$20.97	$22.20	$51.89	$13.07	$35.69	$20.47	$38.60	$28.94	**$27.90**
		Pharmacy	$8.74	$7.39	$20.36	$3.58	$17.07	$17.54	$5.37	$24.55	$10.02	$7.64	$11.86	$15.15	**$12.44**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$61.97**	**$61.05**	**$108.09**	**$114.95**	**$95.91**	**$253.86**	**$444.87**	**$169.01**	**$74.88**	**$140.15**	**$178.53**	**$149.59**	**$154.41**
	Total Premiums		**$295.45**	**$292.58**	**$295.45**	**$297.92**	**$297.92**	**$296.71**	**$296.71**	**$296.71**	**$301.19**	**$300.50**	**$432.76**	**$431.43**	**$319.61**

Washington State Office of the Insurance Commissioner
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Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 025	**Employees**		**628**	**651**	**670**	**687**	**697**	**704**	**705**	**706**	**717**	**826**	**1,343**	**1,386**	**810**
	Members		**1,804**	**1,852**	**1,897**	**1,929**	**1,952**	**1,973**	**1,974**	**1,995**	**2,021**	**2,260**	**3,616**	**3,710**	**2,249**
	Claims	Inpatient	$62.53	$0.00	$101.45	$46.54	$12.74	$0.01	$122.13	$23.42	$48.69	$19.96	$52.99	$29.55	**$47.27**
		Outpatient	$6.65	$21.52	$22.33	$26.96	$19.87	$35.58	$52.06	$44.55	$45.07	$39.67	$20.48	$27.40	**$30.18**
		ER	$6.47	$11.18	$9.21	$10.36	$5.51	$5.12	$8.95	$5.04	$3.28	$5.09	$0.82	$3.74	**$6.23**
		Prof Svcs	$24.26	$34.65	$39.19	$37.20	$40.99	$53.23	$74.86	$61.60	$53.27	$57.46	$35.26	$39.53	**$45.96**
		Other	$0.00	$0.85	$16.61	$2.14	$0.78	$0.97	$2.01	$0.32	$2.38	$2.28	$2.18	$1.38	**$2.90**
		Pharmacy	$2.51	$5.56	$4.89	$5.69	$7.50	$6.38	$10.00	$10.32	$12.34	$8.15	$6.14	$7.83	**$7.28**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$102.43**	**$73.76**	**$193.69**	**$128.89**	**$87.40**	**$101.29**	**$270.02**	**$145.26**	**$165.03**	**$132.61**	**$117.86**	**$109.43**	**$135.64**
	Total Premiums		**$204.64**	**$204.33**	**$205.24**	**$205.84**	**$205.99**	**$206.00**	**$206.27**	**$204.70**	**$204.69**	**$205.79**	**$242.84**	**$243.47**	**$211.65**
Benefit Package 027	**Employees**		**134**	**132**	**133**	**132**	**130**	**130**	**130**	**130**	**128**	**264**			**144**
	Members		**251**	**244**	**244**	**238**	**235**	**233**	**233**	**233**	**230**	**482**			**262**
	Claims	Inpatient	$0.00	$0.00	$0.00	$36.14	$136.39	$252.07	$77.49	$0.00	$184.97	$19.56			**$117.77**
		Outpatient	$68.57	$66.51	$16.62	$32.88	$5.93	$32.22	$0.00	$34.14	$34.82	$9.27			**$33.44**
		ER	$12.92	$0.00	$58.38	$35.47	$31.28	$28.42	$0.00	$8.33	$65.17	$13.41			**$31.67**
		Prof Svcs	$14.13	$38.68	$6.96	$40.11	$67.25	$50.45	$13.79	$15.36	$34.64	$6.61			**$28.80**
		Other	$191.41	$183.96	$175.87	$167.73	$278.08	$198.22	$162.35	$228.53	$215.08	$176.97			**$197.82**
		Pharmacy	$27.54	$27.38	$21.02	$31.95	$27.81	$53.65	$56.25	$76.92	$83.19	$44.60			**$45.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$314.57**	**$316.53**	**$278.86**	**$344.27**	**$546.74**	**$615.04**	**$309.88**	**$363.28**	**$617.88**	**$270.43**			**$397.75**
	Total Premiums		**$480.18**	**$484.28**	**$488.79**	**$497.94**	**$494.80**	**$496.50**	**$494.07**	**$493.87**	**$495.75**	**$494.57**			**$492.07**
Benefit Package 029	**Employees**		**496**	**495**	**493**	**491**	**491**	**489**	**486**	**481**	**480**	**957**			**536**
	Members		**1,110**	**1,103**	**1,099**	**1,092**	**1,086**	**1,079**	**1,076**	**1,070**	**1,063**	**2,134**			**1,191**
	Claims	Inpatient	$79.96	$23.02	$118.66	$67.25	$32.05	$60.34	$140.06	$182.23	$80.15	$80.95			**$86.47**
		Outpatient	$72.63	$52.98	$36.18	$35.87	$20.09	$38.09	$47.90	$10.81	$31.58	$39.77			**$38.59**
		ER	$16.86	$16.63	$30.20	$12.84	$11.71	$36.79	$30.52	$8.37	$21.09	$21.48			**$20.65**
		Prof Svcs	$47.93	$15.80	$28.95	$24.72	$24.64	$40.30	$37.35	$22.73	$28.71	$44.63			**$31.58**
		Other	$212.41	$159.58	$157.78	$169.23	$160.67	$202.76	$193.83	$204.73	$176.46	$199.56			**$183.70**
		Pharmacy	$48.99	$24.19	$35.30	$38.47	$26.51	$34.37	$42.11	$22.36	$33.70	$46.16			**$35.22**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$478.79**	**$292.19**	**$407.08**	**$348.39**	**$275.67**	**$412.64**	**$491.77**	**$451.24**	**$371.69**	**$432.54**			**$396.20**
	Total Premiums		**$407.11**	**$409.85**	**$411.49**	**$410.67**	**$411.76**	**$412.14**	**$414.14**	**$409.45**	**$411.75**	**$411.02**			**$410.94**
Benefit Package 030	**Employees**		**521**	**520**	**520**	**519**	**517**	**516**	**516**	**516**	**517**	**1,008**	**917**	**918**	**625**
	Members		**1,075**	**1,078**	**1,076**	**1,063**	**1,054**	**1,048**	**1,046**	**1,042**	**1,041**	**2,095**	**1,922**	**1,915**	**1,288**
	Claims	Inpatient	$87.01	$77.14	$145.96	$141.72	$208.64	$39.63	$331.24	$88.13	$28.97	$116.68	$149.73	$113.48	**$127.36**
		Outpatient	$6.12	$22.75	$24.75	$24.52	$21.35	$24.02	$34.74	$23.92	$15.38	$13.84	$38.03	$37.52	**$23.91**
		ER	$20.14	$6.77	$11.13	$7.51	$9.60	$10.69	$9.62	$6.06	$13.44	$11.39	$24.94	$14.61	**$12.16**
		Prof Svcs	$25.00	$37.63	$36.44	$58.09	$54.57	$32.53	$52.19	$32.47	$17.14	$44.16	$32.10	$42.62	**$38.75**
		Other	$187.84	$148.93	$185.09	$193.27	$186.01	$158.94	$238.27	$221.56	$162.76	$187.35	$183.25	$189.68	**$186.91**
		Pharmacy	$47.36	$38.11	$48.76	$38.70	$44.72	$35.95	$33.55	$51.72	$36.87	$38.45	$38.17	$38.15	**$40.88**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$373.47**	**$331.33**	**$452.13**	**$463.81**	**$524.89**	**$301.77**	**$699.62**	**$423.86**	**$274.56**	**$411.86**	**$466.22**	**$436.06**	**$429.97**
	Total Premiums		**$450.47**	**$444.44**	**$451.58**	**$454.76**	**$455.82**	**$453.67**	**$456.38**	**$452.13**	**$455.62**	**$480.82**	**$529.78**	**$457.32**	**$461.90**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 031	**Employees**		**853**	**846**	**845**	**848**	**848**	**846**	**842**	**839**	**838**	**1,690**	**823**	**827**	**912**
	Members		**1,668**	**1,659**	**1,647**	**1,648**	**1,650**	**1,643**	**1,636**	**1,625**	**1,626**	**3,310**	**1,537**	**1,542**	**1,766**
	Claims	Inpatient	$93.98	$91.60	$58.87	$42.76	$122.95	$187.48	$23.80	$13.36	$90.69	$81.52	$135.03	$57.12	**$83.26**
		Outpatient	$12.34	$14.31	$35.04	$20.32	$24.89	$17.67	$58.10	$15.09	$10.50	$18.46	$16.33	$52.51	**$24.63**
		ER	$11.87	$5.47	$12.10	$22.19	$13.41	$4.91	$16.20	$7.77	$8.09	$19.09	$20.63	$16.84	**$13.21**
		Prof Svcs	$24.20	$11.53	$30.59	$32.02	$35.21	$36.10	$42.05	$21.32	$25.57	$30.79	$29.48	$38.08	**$29.74**
		Other	$176.15	$156.01	$172.53	$179.01	$163.82	$168.28	$184.45	$173.63	$159.68	$188.04	$186.48	$201.51	**$175.80**
		Pharmacy	$48.09	$33.72	$34.73	$35.74	$31.88	$39.77	$33.51	$40.98	$36.49	$39.59	$38.51	$41.61	**$37.89**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$366.64**	**$312.63**	**$343.86**	**$332.04**	**$392.15**	**$454.21**	**$358.10**	**$272.15**	**$331.01**	**$377.49**	**$426.46**	**$407.66**	**$364.53**
	Total Premiums		**$448.91**	**$444.11**	**$451.08**	**$450.02**	**$449.48**	**$448.60**	**$448.53**	**$449.62**	**$450.66**	**$449.48**	**$501.05**	**$494.85**	**$457.20**
Benefit Package 032	**Employees**		**300**	**299**	**299**	**300**	**300**	**301**	**300**	**298**	**296**	**605**			**330**
	Members		**674**	**675**	**675**	**674**	**675**	**676**	**669**	**666**	**660**	**1,346**			**739**
	Claims	Inpatient	$140.92	$63.67	$24.06	$36.07	$99.69	$133.14	$135.28	$0.00	$84.61	$68.82			**$87.36**
		Outpatient	$18.44	$14.50	$8.36	$17.33	$18.88	$6.90	$38.94	$7.72	$5.64	$29.48			**$16.62**
		ER	$8.97	$8.07	$6.11	$20.74	$1.04	$10.79	$0.00	$3.13	$19.06	$10.99			**$9.88**
		Prof Svcs	$82.67	$22.92	$6.62	$23.47	$68.69	$21.02	$29.05	$48.46	$16.18	$20.12			**$33.92**
		Other	$192.36	$157.82	$141.36	$163.15	$148.21	$143.88	$171.48	$167.39	$146.88	$165.14			**$159.77**
		Pharmacy	$32.07	$31.51	$33.81	$33.09	$31.58	$27.53	$47.51	$20.82	$29.14	$32.06			**$31.91**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$475.42**	**$298.48**	**$220.33**	**$293.85**	**$368.11**	**$343.27**	**$422.26**	**$247.52**	**$301.51**	**$326.62**			**$329.73**
	Total Premiums		**$412.57**	**$409.39**	**$411.92**	**$411.33**	**$408.21**	**$409.16**	**$413.04**	**$411.15**	**$415.41**	**$422.26**			**$412.44**
Benefit Package 033	**Employees**		**245**	**246**	**245**	**246**	**245**	**244**	**245**	**247**	**245**	**499**			**271**
	Members		**418**	**419**	**418**	**417**	**412**	**409**	**410**	**412**	**408**	**845**			**457**
	Claims	Inpatient	$194.74	$33.00	$0.00	$277.65	$55.47	$137.60	$0.00	$113.38	$0.00	$126.46			**$134.04**
		Outpatient	$37.73	$15.75	$38.46	$7.55	$12.93	$14.63	$71.94	$28.67	$6.75	$31.83			**$26.62**
		ER	$33.91	$6.70	$5.44	$7.83	$21.98	$16.60	$29.68	$13.17	$25.67	$83.22			**$24.42**
		Prof Svcs	$38.94	$9.39	$8.82	$34.16	$26.85	$51.66	$26.92	$26.09	$10.41	$40.35			**$27.36**
		Other	$251.20	$211.10	$199.89	$219.07	$186.46	$178.09	$170.10	$218.11	$175.31	$247.86			**$205.72**
		Pharmacy	$35.76	$21.66	$82.30	$107.31	$78.95	$39.66	$47.61	$34.63	$46.41	$33.81			**$52.81**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$592.28**	**$297.60**	**$334.91**	**$653.56**	**$382.63**	**$438.24**	**$346.24**	**$434.06**	**$264.55**	**$563.53**			**$430.76**
	Total Premiums		**$467.14**	**$467.30**	**$467.48**	**$468.12**	**$472.33**	**$472.25**	**$474.22**	**$473.37**	**$473.97**	**$495.65**			**$473.18**
Benefit Package 034	**Employees**		**107**	**105**	**108**	**108**	**108**	**107**	**108**	**106**	**105**	**217**			**118**
	Members		**199**	**197**	**200**	**199**	**199**	**198**	**196**	**187**	**184**	**397**			**216**
	Claims	Inpatient	$77.98	$358.47	$0.00	$231.80	$459.13	$63.51	$123.52	$137.23	$0.00	$0.00			**$207.38**
		Outpatient	$111.60	$3.13	$40.16	$208.74	$5.38	$44.21	$69.26	$98.15	$23.96	$12.69			**$61.73**
		ER	$58.45	$17.63	$51.52	$31.44	$1.39	$60.31	$99.90	$35.28	$0.00	$1.08			**$39.67**
		Prof Svcs	$70.38	$49.75	$29.05	$49.23	$107.34	$30.44	$55.43	$61.34	$6.44	$7.60			**$46.70**
		Other	$184.47	$189.14	$216.61	$252.04	$255.32	$237.84	$297.85	$213.32	$106.99	$143.14			**$209.67**
		Pharmacy	$30.28	$27.36	$27.67	$27.22	$20.67	$42.66	$29.06	$24.30	$25.24	$28.68			**$28.32**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$533.16**	**$645.48**	**$365.01**	**$800.46**	**$849.24**	**$478.98**	**$675.03**	**$569.62**	**$162.63**	**$193.20**			**$527.28**
	Total Premiums		**$439.48**	**$454.80**	**$462.97**	**$463.88**	**$451.08**	**$458.27**	**$467.40**	**$474.81**	**$480.30**	**$457.56**			**$461.05**

Washington State Office of the Insurance Commissioner
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Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 038	**Employees**		**126**	**126**	**126**	**128**	**129**	**129**	**129**	**129**	**130**	**231**			**138**
	Members		**287**	**285**	**282**	**285**	**291**	**291**	**290**	**293**	**292**	**525**			**312**
	Claims	Inpatient	$54.96	$60.22	$30.68	$30.84	$479.51	$0.00	$0.00	$33.22	$177.00	$14.06			**$110.06**
		Outpatient	$9.69	$3.79	$9.99	$11.52	$22.89	$18.49	$78.23	$22.69	$62.11	$37.91			**$27.73**
		ER	$17.11	$1.90	$21.55	$31.00	$14.53	$3.83	$19.37	$24.97	$13.78	$13.92			**$16.20**
		Prof Svcs	$60.52	$54.51	$47.36	$16.76	$61.48	$6.65	$22.95	$3.99	$42.43	$25.55			**$34.22**
		Other	$191.43	$238.34	$270.20	$255.64	$259.57	$148.30	$194.68	$214.27	$155.15	$162.18			**$208.98**
		Pharmacy	$34.30	$18.16	$31.85	$34.14	$31.93	$27.90	$33.65	$45.47	$34.10	$26.15			**$31.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$368.01**	**$376.92**	**$411.63**	**$379.91**	**$869.91**	**$205.18**	**$348.88**	**$344.62**	**$484.56**	**$279.77**			**$406.94**
	Total Premiums		**$431.09**	**$423.62**	**$433.42**	**$435.09**	**$402.14**	**$431.27**	**$430.93**	**$429.50**	**$433.60**	**$439.95**			**$429.06**
Benefit Package 039	**Employees**		**225**	**225**	**224**	**224**	**224**	**221**	**221**	**220**	**219**	**241**			**224**
	Members		**447**	**447**	**443**	**440**	**439**	**434**	**433**	**431**	**425**	**555**			**449**
	Claims	Inpatient	$66.94	$155.30	$52.18	$25.61	$397.82	$51.37	$32.24	$35.58	$0.00	-$52.84			**$95.52**
		Outpatient	$15.37	$35.22	$5.30	$80.64	$30.40	$4.50	$3.98	$45.76	$33.93	$16.04			**$27.11**
		ER	$21.61	$3.51	$16.74	$24.62	$6.14	$21.39	$9.12	$27.97	$19.99	$27.17			**$17.83**
		Prof Svcs	$35.72	$55.52	$24.48	$12.06	$56.66	$19.74	$21.48	$41.76	$23.07	$43.19			**$33.37**
		Other	$236.51	$218.42	$165.54	$182.43	$183.69	$167.02	$157.91	$159.30	$157.35	$224.04			**$185.22**
		Pharmacy	$59.86	$44.46	$41.33	$65.47	$41.66	$43.60	$53.27	$63.77	$33.72	$63.42			**$51.06**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$436.01**	**$512.42**	**$305.56**	**$390.83**	**$716.37**	**$307.62**	**$277.99**	**$374.14**	**$268.06**	**$321.02**			**$391.00**
	Total Premiums		**$423.19**	**$428.05**	**$428.57**	**$430.03**	**$429.52**	**$431.84**	**$431.14**	**$427.34**	**$434.07**	**$397.86**			**$426.16**
Benefit Package 040	**Employees**		**115**	**115**	**115**	**115**	**114**	**114**	**113**	**111**	**111**	**72**	**56**	**55**	**101**
	Members		**153**	**153**	**153**	**153**	**152**	**152**	**151**	**149**	**152**	**96**	**77**	**76**	**135**
	Claims	Inpatient	$77.40	$636.44	$260.52	$148.36	$229.55	$205.71	$0.00	$46.30	$34.58	$310.30	$0.00	$0.00	**$216.57**
		Outpatient	$52.05	$18.48	$65.89	$80.72	$200.54	$221.41	$60.09	$17.19	$15.92	$51.85	$38.45	$226.65	**$87.44**
		ER	$18.46	$7.19	$45.49	$16.80	$0.00	$17.56	$10.97	$16.93	$48.01	$2.78	$14.83	$17.30	**$19.67**
		Prof Svcs	$252.76	$292.63	$264.60	$317.54	$304.71	$267.00	$273.64	$352.80	$247.47	$288.46	$305.81	$209.79	**$281.43**
		Other	$0.76	$3.58	$3.82	$15.73	$2.50	$7.67	$3.49	$15.90	$14.13	$1.61	$5.59	$6.11	**$6.74**
		Pharmacy	$121.53	$92.33	$117.76	$141.94	$179.57	$96.24	$140.96	$141.10	$159.70	$144.63	$98.36	$113.05	**$128.93**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$522.96**	**$1,050.66**	**$758.08**	**$721.09**	**$916.86**	**$815.59**	**$489.16**	**$590.23**	**$519.81**	**$799.63**	**$463.04**	**$572.89**	**$685.00**
	Total Premiums		**$724.58**	**$724.58**	**$724.58**	**$724.58**	**$724.19**	**$724.19**	**$723.79**	**$722.56**	**$715.62**	**$727.14**	**$785.09**	**$783.04**	**$733.66**
Benefit Package 043	**Employees**		**24**	**24**	**24**	**24**	**24**	**24**	**24**	**24**	**23**				**24**
	Members		**28**	**28**	**28**	**28**	**28**	**28**	**28**	**28**	**27**				**28**
	Claims	Inpatient	$0.00	$0.00	$0.00	$1,023.57	$1,056.43	$0.00	$0.00	$0.00	$0.00				**$1,040.00**
		Outpatient	$0.00	$0.00	$0.00	$10.01	$0.00	$18.44	$23.14	$72.50	$0.00				**$31.02**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$21.03				**$21.03**
		Prof Svcs	$116.86	$117.63	$179.16	$389.23	$347.90	$207.90	$248.69	$216.23	$142.97				**$218.51**
		Other	$0.00	$0.00	$0.31	$0.00	$76.13	$0.00	$22.80	$3.21	$14.84				**$23.46**
		Pharmacy	$203.21	$249.90	$187.63	$183.89	$145.44	$173.12	$212.38	$229.12	$253.65				**$204.26**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$320.08**	**$367.53**	**$367.09**	**$1,606.69**	**$1,625.90**	**$399.46**	**$507.01**	**$521.06**	**$432.49**				**$683.03**
	Total Premiums		**$738.25**	**$738.25**	**$738.25**	**$738.25**	**$738.25**	**$738.25**	**$738.25**	**$738.25**	**$736.56**				**$738.07**

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			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 044	**Employees**		**499**	**502**	**500**	**500**	**503**	**505**	**503**	**500**	**503**	**509**	**515**	**518**	**505**
	Members		**848**	**852**	**847**	**841**	**847**	**855**	**855**	**846**	**854**	**879**	**886**	**898**	**859**
	Claims	Inpatient	$48.57	$34.10	$15.86	$18.47	$53.49	$132.90	$100.14	$26.76	$240.25	$82.11	$181.29	$140.07	**$89.50**
		Outpatient	$78.10	$100.85	$135.47	$156.73	$126.92	$169.38	$192.37	$167.13	$142.74	$115.74	$108.65	$143.03	**$136.42**
		ER	$10.66	$18.76	$8.56	$3.94	$7.21	$9.24	$3.67	$12.14	$6.54	$6.13	$9.72	$9.45	**$8.83**
		Prof Svcs	$122.14	$134.00	$156.98	$152.90	$163.54	$165.39	$209.23	$206.59	$168.37	$202.73	$159.51	$204.59	**$170.50**
		Other	$1.79	$20.27	$2.43	$2.59	$7.87	$4.23	$10.49	$3.17	$3.49	$5.56	$4.36	$8.50	**$6.23**
		Pharmacy	$121.32	$97.84	$126.73	$137.35	$145.57	$103.18	$135.19	$156.52	$111.92	$117.87	$143.77	$106.91	**$125.35**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$382.59**	**$405.81**	**$446.04**	**$471.98**	**$504.60**	**$584.33**	**$651.09**	**$572.31**	**$673.30**	**$530.16**	**$607.31**	**$612.54**	**$536.84**
	Total Premiums		**$456.74**	**$457.18**	**$458.53**	**$459.70**	**$459.29**	**$457.25**	**$456.84**	**$457.25**	**$456.45**	**$445.77**	**$447.26**	**$445.20**	**$454.79**
Benefit Package 045	**Employees**		**109**	**109**	**109**	**108**	**107**	**108**	**107**	**107**	**107**	**57**			**103**
	Members		**168**	**167**	**169**	**169**	**167**	**168**	**167**	**165**	**166**	**77**			**158**
	Claims	Inpatient	$94.04	$240.91	$70.07	$343.58	$0.00	$0.00	$509.39	$0.00	$522.54	$0.00			**$296.76**
		Outpatient	$16.21	$17.33	$218.74	$8.88	$45.45	$87.48	$114.10	$29.85	$3.16	$36.81			**$57.80**
		ER	$19.81	$17.24	$0.00	$54.00	$11.14	$8.13	$0.00	$31.07	$12.56	$9.96			**$20.49**
		Prof Svcs	$121.47	$134.68	$196.82	$197.90	$119.72	$171.22	$156.26	$195.11	$136.47	$189.25			**$161.89**
		Other	$4.46	$0.00	$1.79	$32.84	$0.85	$2.35	$0.45	$2.81	$7.47	$3.89			**$6.32**
		Pharmacy	$96.18	$93.59	$103.93	$107.05	$103.63	$100.61	$101.21	$108.54	$103.29	$167.63			**$108.57**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$352.16**	**$503.76**	**$591.35**	**$744.25**	**$280.79**	**$369.79**	**$881.41**	**$367.40**	**$785.50**	**$407.55**			**$528.39**
	Total Premiums		**$554.90**	**$558.22**	**$555.26**	**$552.60**	**$553.19**	**$554.06**	**$553.19**	**$557.89**	**$558.60**	**$575.71**			**$557.36**
Benefit Package 046	**Employees**		**94**	**94**	**93**	**94**	**94**	**95**	**95**	**94**	**94**	**58**	**85**	**84**	**90**
	Members		**174**	**174**	**170**	**171**	**172**	**172**	**172**	**171**	**171**	**111**	**129**	**128**	**160**
	Claims	Inpatient	$0.00	$0.00	$65.39	$54.08	$240.12	$0.00	$31.22	$0.00	$76.17	$81.79	$210.60	$0.00	**$108.48**
		Outpatient	$0.00	$6.98	$253.75	$75.17	$72.61	$183.86	$55.13	$9.45	$33.93	$130.29	$89.64	$128.62	**$94.49**
		ER	$2.51	$9.58	$7.07	$3.65	$0.35	$0.00	$31.17	$7.39	$2.73	$74.43	$0.00	$54.27	**$19.32**
		Prof Svcs	$101.70	$100.25	$151.53	$152.85	$117.33	$77.86	$175.09	$122.08	$114.38	$260.37	$132.65	$130.09	**$136.35**
		Other	$0.00	$0.00	$1.25	$2.09	$0.00	$1.74	$3.60	$3.02	$0.53	$0.36	$2.93	$0.59	**$1.79**
		Pharmacy	$76.46	$43.48	$49.84	$57.67	$60.28	$30.42	$47.30	$62.22	$68.30	$62.29	$165.89	$148.60	**$72.73**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$180.67**	**$160.29**	**$528.83**	**$345.50**	**$490.70**	**$293.88**	**$343.51**	**$204.15**	**$296.05**	**$609.53**	**$601.72**	**$462.17**	**$376.42**
	Total Premiums		**$456.75**	**$456.75**	**$458.49**	**$459.51**	**$458.59**	**$460.52**	**$460.52**	**$459.51**	**$459.51**	**$480.56**	**$583.07**	**$581.73**	**$481.29**
Benefit Package 047	**Employees**		**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**19**	**1**			**17**
	Members		**31**	**31**	**31**	**31**	**31**	**31**	**31**	**31**	**31**	**1**			**28**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$303.63	$0.00			**$303.63**
		Outpatient	$1.34	$68.55	$0.00	$0.00	$10.43	$11.70	$8.13	$0.90	$8.54	$0.00			**$15.66**
		ER	$0.00	$5.15	$0.00	$0.00	$11.50	$0.00	$0.00	$0.00	$0.00	$0.00			**$8.33**
		Prof Svcs	$210.07	$138.73	$152.74	$112.58	$275.27	$141.81	$177.89	$136.03	$193.67	$150.14			**$168.89**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.37	$0.00			**$5.37**
		Pharmacy	$84.47	$41.22	$65.61	$92.28	$34.47	$71.40	$106.93	$36.63	$110.81	$870.21			**$151.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$295.88**	**$253.66**	**$218.35**	**$204.86**	**$331.68**	**$224.91**	**$292.95**	**$173.56**	**$622.02**	**$1,020.35**			**$363.82**
	Total Premiums		**$533.65**	**$533.65**	**$533.65**	**$533.65**	**$533.65**	**$533.65**	**$533.65**	**$533.65**	**$533.65**	**$699.36**			**$550.22**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 048	**Employees**		**29**	**29**	**29**	**28**	**28**	**28**	**28**	**28**	**28**	**2**	**3**	**3**	**22**
	Members		**54**	**54**	**54**	**53**	**54**	**54**	**54**	**54**	**54**	**5**	**6**	**6**	**42**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$142.11	$0.00	$0.00	$0.00	$133.53	$0.00	$0.00	$0.00	**$137.82**
		Outpatient	$0.00	$0.00	$1.02	$67.08	$0.00	$342.28	$264.60	$56.65	$4.42	$24.63	$0.00	$20.52	**$97.65**
		ER	$0.00	$0.00	$0.63	$0.00	$0.00	$22.44	$14.67	$0.00	$0.00	$0.00	$0.00	$0.00	**$12.58**
		Prof Svcs	$94.32	$79.52	$54.12	$93.12	$110.48	$125.83	$163.57	$90.88	$145.58	$150.24	$79.96	$96.22	**$106.99**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.93	$0.00	$0.00	$0.00	$0.00	$0.00	**$3.93**
		Pharmacy	$59.02	$74.79	$119.10	$81.31	$86.00	$83.65	$86.93	$122.20	$117.20	$147.21	$290.50	$253.42	**$126.78**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$153.34**	**$154.31**	**$174.87**	**$241.52**	**$338.60**	**$574.19**	**$533.71**	**$269.73**	**$400.72**	**$322.08**	**$370.46**	**$370.16**	**$325.31**
	Total Premiums		**$408.43**	**$408.43**	**$408.43**	**$404.18**	**$401.85**	**$401.85**	**$401.85**	**$401.85**	**$401.85**	**$433.14**	**$599.82**	**$599.82**	**$439.29**
Benefit Package 049	**Employees**		**34**	**34**	**34**	**34**	**33**	**33**	**33**	**33**	**33**	**27**	**25**	**25**	**32**
	Members		**54**	**54**	**54**	**54**	**53**	**53**	**53**	**53**	**53**	**40**	**34**	**34**	**49**
	Claims	Inpatient	$0.00	$380.76	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$380.76**
		Outpatient	$23.65	$105.59	$0.00	$1.37	$0.00	$34.94	$15.23	$36.74	$64.91	$293.35	$0.00	$34.79	**$67.84**
		ER	$0.00	$0.26	$0.00	$0.00	$0.00	$13.58	$0.00	$16.45	$2.06	$28.68	$0.00	$0.00	**$12.21**
		Prof Svcs	$207.12	$275.59	$226.01	$208.32	$135.88	$207.51	$106.43	$102.09	$67.33	$179.75	$127.78	$118.34	**$163.51**
		Other	$33.30	$183.61	$71.61	$55.48	$39.09	$207.66	$135.47	$79.06	$28.13	$49.85	$58.32	$10.26	**$79.32**
		Pharmacy	$39.35	$53.65	$55.00	$42.11	$48.75	$53.68	$40.89	$73.75	$49.74	$40.03	$84.91	$40.41	**$51.86**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$303.42**	**$999.46**	**$352.62**	**$307.28**	**$223.72**	**$517.38**	**$298.02**	**$308.09**	**$212.16**	**$591.65**	**$271.02**	**$203.81**	**$382.39**
	Total Premiums		**$576.46**	**$576.46**	**$576.46**	**$576.46**	**$573.11**	**$573.11**	**$573.11**	**$573.11**	**$573.11**	**$672.85**	**$691.76**	**$691.76**	**$602.32**
Benefit Package 050	**Employees**		**55**	**57**	**58**	**57**	**57**	**56**	**56**	**56**	**56**	**58**	**56**	**56**	**57**
	Members		**159**	**163**	**166**	**162**	**162**	**161**	**162**	**161**	**161**	**149**	**142**	**142**	**158**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$146.36	$0.00	$0.00	$17.44	$42.98	$0.00	$61.26	$0.00	**$67.01**
		Outpatient	$23.29	$20.79	$2.64	$6.29	$68.07	$0.00	$5.50	$0.00	$0.65	$90.67	$43.89	$9.80	**$27.16**
		ER	$0.00	$0.00	$0.00	$8.35	$4.92	$3.30	$0.00	$1.44	$9.60	$0.00	$3.11	$1.73	**$4.63**
		Prof Svcs	$125.84	$88.03	$109.55	$65.32	$166.80	$263.19	$118.33	$223.12	$132.08	$130.50	$117.72	$31.57	**$131.00**
		Other	$96.79	$82.77	$170.81	$98.49	$8.48	$16.49	$4.63	$9.04	$30.81	$38.64	$14.96	$4.28	**$48.02**
		Pharmacy	$24.12	$23.07	$46.57	$17.57	$21.12	$37.75	$25.76	$91.35	$47.57	$24.15	$54.95	$59.03	**$39.42**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$270.04**	**$214.66**	**$329.57**	**$196.02**	**$415.74**	**$320.73**	**$154.22**	**$342.40**	**$263.70**	**$283.96**	**$295.88**	**$106.41**	**$266.11**
	Total Premiums		**$279.92**	**$280.05**	**$278.87**	**$281.78**	**$281.78**	**$280.45**	**$278.72**	**$280.45**	**$280.45**	**$331.81**	**$329.06**	**$329.06**	**$292.70**
Benefit Package 051	**Employees**		**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**8**	**5**	**5**	**5**	**8**
	Members		**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**11**	**8**	**8**	**8**	**11**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$30.92	$11.08	$0.00	$16.50	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$19.50**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$32.83	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$32.83**
		Prof Svcs	$93.34	$105.75	$107.72	$19.90	$67.98	$56.12	$154.50	$176.45	$130.32	$245.72	$78.69	$365.90	**$133.53**
		Other	$4.00	$5.17	$29.50	$3.50	$0.00	$55.25	$8.50	$50.17	$0.00	$4.63	$0.50	$10.25	**$17.15**
		Pharmacy	$7.67	$49.17	$44.58	$21.75	$23.00	$55.17	$23.83	$80.33	$48.64	$54.13	$71.38	$17.88	**$41.46**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$105.01**	**$160.08**	**$212.72**	**$56.23**	**$90.98**	**$215.87**	**$186.84**	**$306.95**	**$178.96**	**$304.47**	**$150.56**	**$394.02**	**$196.89**
	Total Premiums		**$815.83**	**$815.83**	**$815.83**	**$815.83**	**$815.83**	**$815.83**	**$815.83**	**$815.83**	**$890.00**	**$833.63**	**$833.63**	**$833.63**	**$826.46**

Washington State Office of the Insurance Commissioner
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Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 052	**Employees**		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.00	$178.25	$25.75	$0.00	$0.00	**$69.67**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$253.53	$167.39	$45.44	$450.43	$414.68	$860.76	$151.85	$214.67	$95.39	$159.16	$172.00	$71.10	**$254.70**
		Other	$35.25	$697.75	$0.00	$1,916.00	$724.00	$394.75	$0.00	$995.00	$183.00	$68.25	$720.75	$0.00	**$637.19**
		Pharmacy	$27.25	$59.50	$0.00	$1.25	$0.00	$5.00	$35.50	$28.25	$0.00	$29.75	$0.00	$0.00	**$26.64**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$316.03**	**$924.64**	**$45.44**	**$2,367.68**	**$1,138.68**	**$1,260.51**	**$187.35**	**$1,242.92**	**$456.64**	**$282.91**	**$892.75**	**$71.10**	**$765.55**
	Total Premiums		**$593.50**	**$593.50**	**$593.50**	**$593.50**	**$593.50**	**$593.50**	**$593.50**	**$593.50**	**$593.50**	**$676.75**	**$676.75**	**$676.75**	**$614.31**
Benefit Package 053	**Employees**		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**				**4**
	Members		**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**				**6**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,771.50	$0.00	$0.00				**$3,771.50**
		Outpatient	$1,994.67	$0.00	$0.00	$0.00	$0.00	$6.83	$0.00	$0.00	$0.00				**$1,000.75**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
		Prof Svcs	$1,491.86	$202.10	$86.81	$335.20	$128.07	$1,356.23	$61.49	$126.73	$26.12				**$423.84**
		Other	$148.50	$19.83	$0.00	$106.50	$101.83	$101.00	$95.33	$52.83	$30.00				**$81.98**
		Pharmacy	$2.50	$12.67	$9.17	$35.00	$14.83	$6.83	$10.17	$7.67	$23.83				**$13.63**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				**$0.00**
	Total Claims		**$3,637.53**	**$234.60**	**$95.98**	**$476.70**	**$244.73**	**$1,470.89**	**$3,938.49**	**$187.23**	**$79.95**				**$1,151.79**
	Total Premiums		**$579.00**	**$579.00**	**$579.00**	**$579.00**	**$579.00**	**$579.00**	**$579.00**	**$579.00**	**$579.00**				**$579.00**
Benefit Package 056	**Employees**		**80**	**81**	**80**	**79**	**79**	**79**	**79**	**78**	**78**	**79**	**78**	**79**	**79**
	Members		**193**	**193**	**193**	**192**	**192**	**192**	**192**	**187**	**187**	**184**	**178**	**181**	**189**
	Claims	Inpatient	$0.00	$0.00	$115.84	$0.00	$32.79	$0.00	$0.00	$12.83	$2.24	$0.00	$0.00	$107.51	**$54.24**
		Outpatient	$14.51	$12.22	$2.05	$13.28	$14.85	$3.18	$31.35	$69.36	$12.33	$6.07	$9.35	$27.59	**$18.01**
		ER	$20.23	$0.00	$12.02	$4.11	$23.36	$17.88	$4.41	$28.94	$7.21	$11.76	$29.29	$0.00	**$15.92**
		Prof Svcs	$214.56	$107.94	$137.06	$66.02	$94.60	$113.88	$130.72	$117.01	$76.23	$140.71	$201.10	$125.29	**$127.09**
		Other	$17.49	$12.93	$9.47	$7.16	$21.31	$19.61	$21.27	$25.34	$18.90	$40.72	$15.29	$32.55	**$20.17**
		Pharmacy	$29.40	$27.67	$36.42	$29.54	$31.76	$25.90	$31.73	$41.09	$33.13	$37.32	$36.37	$15.12	**$31.29**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$296.19**	**$160.76**	**$312.87**	**$120.11**	**$218.69**	**$180.45**	**$219.48**	**$294.58**	**$150.04**	**$236.57**	**$291.39**	**$308.06**	**$232.43**
	Total Premiums		**$342.04**	**$349.18**	**$346.80**	**$345.19**	**$345.19**	**$345.19**	**$345.19**	**$354.42**	**$337.56**	**$389.64**	**$392.29**	**$365.96**	**$354.89**
Benefit Package 057	**Employees**		**15**	**15**	**15**	**15**	**15**	**15**	**16**	**17**	**17**	**16**	**16**	**16**	**16**
	Members		**40**	**39**	**39**	**39**	**39**	**39**	**40**	**41**	**41**	**33**	**33**	**33**	**38**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$760.39	$0.00	**$760.39**
		Outpatient	$1.08	$0.00	$0.00	$0.26	$2.21	$2.44	$17.73	$0.00	$24.66	$3.36	$55.36	$0.00	**$13.39**
		ER	$0.00	$0.00	$0.00	$0.00	$5.00	$39.85	$8.08	$0.00	$0.00	$0.00	$27.24	$0.00	**$20.04**
		Prof Svcs	$31.40	$34.72	$29.27	$75.48	$47.07	$85.29	$50.86	$119.73	$131.83	$181.21	$688.84	$102.76	**$131.54**
		Other	$3.65	$5.77	$69.00	$33.18	$47.36	$11.95	$21.63	$38.24	$3.39	$31.21	$44.64	$4.33	**$26.20**
		Pharmacy	$8.33	$15.08	$44.74	$15.10	$21.59	$16.69	$30.78	$36.22	$11.83	$37.61	$67.55	$0.00	**$27.77**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$44.45**	**$55.57**	**$143.01**	**$124.02**	**$123.23**	**$156.21**	**$129.06**	**$194.19**	**$171.71**	**$253.39**	**$1,644.02**	**$107.09**	**$262.16**
	Total Premiums		**$271.53**	**$263.54**	**$263.54**	**$263.54**	**$263.54**	**$263.54**	**$270.20**	**$263.61**	**$289.46**	**$375.39**	**$308.73**	**$357.85**	**$287.87**

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Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 058	**Employees**		**38**	**38**	**37**	**36**	**35**	**35**	**35**	**34**	**35**	**39**	**38**	**41**	**37**
	Members		**101**	**101**	**98**	**94**	**92**	**91**	**90**	**88**	**92**	**104**	**103**	**108**	**97**
	Claims	Inpatient	$0.00	$231.80	$0.00	$0.00	$0.00	$0.00	$0.00	$358.13	$161.41	$0.00	$0.00	$0.00	**$250.45**
		Outpatient	$0.00	$7.98	$0.00	$0.00	$1.24	$0.00	$0.00	$0.00	$0.00	$94.60	$0.00	$21.69	**$31.38**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$4.26	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$4.26**
		Prof Svcs	$56.80	$85.96	$59.62	$17.09	$46.52	$45.50	$45.10	$53.62	$60.15	$34.25	$43.81	$31.09	**$48.29**
		Other	$1.54	$27.02	$0.00	$6.16	$1.42	$17.43	$0.86	$48.60	$19.87	$0.86	$2.73	$0.00	**$12.65**
		Pharmacy	$7.24	$7.30	$21.78	$6.78	$5.20	$3.05	$4.28	$2.23	$3.52	$4.05	$4.00	$6.04	**$6.29**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$65.59**	**$360.06**	**$81.40**	**$30.03**	**$54.38**	**$70.24**	**$50.24**	**$462.57**	**$244.95**	**$133.75**	**$50.53**	**$58.81**	**$138.55**
	Total Premiums		**$287.81**	**$287.81**	**$282.70**	**$288.84**	**$285.39**	**$288.53**	**$291.73**	**$287.70**	**$279.37**	**$280.76**	**$325.99**	**$313.48**	**$291.68**
Benefit Package 059	**Employees**		**108**	**108**	**107**	**106**	**105**	**105**	**105**	**104**	**103**	**117**	**324**	**321**	**143**
	Members		**153**	**153**	**153**	**150**	**149**	**153**	**154**	**152**	**151**	**174**	**534**	**530**	**217**
	Claims	Inpatient	$0.00	$803.19	$0.00	$75.26	$253.51	$631.61	$5.31	$226.88	$0.00	$3.59	$46.05	$0.00	**$255.67**
		Outpatient	$13.78	$96.82	$46.65	$36.78	$104.02	$0.00	$57.02	$222.32	$9.01	$7.71	$178.07	$49.48	**$74.70**
		ER	$11.05	$8.82	$7.39	$10.80	$6.67	$6.14	$17.50	$2.64	$0.99	$0.01	$1.54	$5.45	**$6.58**
		Prof Svcs	$281.86	$147.01	$188.62	$186.47	$211.96	$265.44	$218.83	$286.17	$125.75	$113.86	$92.06	$142.18	**$188.35**
		Other	$212.58	$98.97	$242.10	$171.06	$170.01	$218.94	$146.67	$110.17	$95.07	$58.93	$84.81	$78.80	**$140.68**
		Pharmacy	$62.08	$47.95	$91.67	$54.10	$63.12	$49.35	$72.37	$69.47	$48.88	$42.24	$92.66	$78.81	**$64.39**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$581.36**	**$1,202.75**	**$576.43**	**$534.47**	**$809.30**	**$1,171.49**	**$517.69**	**$917.66**	**$279.70**	**$226.33**	**$495.19**	**$354.72**	**$638.92**
	Total Premiums		**$560.38**	**$556.02**	**$556.02**	**$562.69**	**$561.99**	**$547.30**	**$543.75**	**$547.02**	**$548.49**	**$558.78**	**$525.62**	**$525.90**	**$549.50**
Benefit Package 060	**Employees**		**72**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**94**	**358**	**359**	**122**
	Members		**145**	**144**	**144**	**144**	**144**	**141**	**140**	**139**	**139**	**169**	**630**	**633**	**226**
	Claims	Inpatient	$300.58	$326.55	$418.05	$0.00	$155.37	$0.00	$0.00	$0.00	$0.00	$0.00	$9.24	$1.83	**$201.94**
		Outpatient	$181.99	$39.75	$9.55	$106.33	$177.01	$95.50	$10.19	$153.82	$3.13	$21.27	$36.50	$28.58	**$71.97**
		ER	$1.75	$7.65	$4.67	$9.10	$7.74	$0.40	$0.71	$6.94	$6.53	$8.12	$1.11	$0.00	**$4.97**
		Prof Svcs	$361.78	$192.57	$239.49	$126.01	$170.64	$158.29	$212.64	$210.50	$163.42	$132.02	$58.94	$81.51	**$175.65**
		Other	$198.32	$75.16	$111.70	$64.88	$184.61	$92.84	$75.89	$46.57	$92.13	$108.10	$23.97	$9.50	**$90.31**
		Pharmacy	$116.93	$39.21	$72.38	$34.77	$30.63	$35.24	$49.03	$66.05	$26.36	$35.28	$43.24	$29.11	**$48.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$1,161.36**	**$680.88**	**$855.83**	**$341.08**	**$726.00**	**$382.27**	**$348.47**	**$483.88**	**$291.58**	**$304.80**	**$173.01**	**$150.54**	**$491.64**
	Total Premiums		**$448.81**	**$450.24**	**$450.24**	**$450.24**	**$450.24**	**$453.77**	**$452.66**	**$455.91**	**$455.91**	**$488.99**	**$471.94**	**$468.29**	**$458.11**
Benefit Package 061	**Employees**		**43**	**43**	**43**	**43**	**44**	**44**	**44**	**44**	**45**	**73**	**73**	**73**	**51**
	Members		**102**	**103**	**103**	**103**	**104**	**104**	**104**	**104**	**105**	**140**	**140**	**138**	**113**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.12	$1.19	$12.94	$17.91	$0.00	$0.00	$1.20	$0.00	$25.03	$3.99	$1.32	**$7.96**
		ER	$0.00	$6.15	$0.00	$0.00	$5.70	$0.00	$0.00	$0.54	$2.06	$0.00	$1.38	$0.00	**$3.16**
		Prof Svcs	$57.71	$55.03	$64.62	$53.31	$90.16	$92.32	$39.92	$108.34	$81.26	$85.65	$69.05	$48.40	**$70.48**
		Other	$14.43	$6.56	$15.39	$9.56	$9.45	$5.58	$70.30	$30.70	$19.16	$17.25	$10.41	$6.72	**$17.96**
		Pharmacy	$19.15	$32.28	$34.69	$31.37	$41.36	$27.16	$30.36	$47.21	$47.19	$17.82	$21.39	$23.86	**$31.15**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$91.29**	**$100.13**	**$115.89**	**$107.19**	**$164.59**	**$125.06**	**$140.57**	**$188.00**	**$149.67**	**$145.75**	**$106.22**	**$80.29**	**$126.22**
	Total Premiums		**$336.64**	**$339.13**	**$339.13**	**$349.42**	**$340.95**	**$340.95**	**$340.95**	**$340.95**	**$337.70**	**$413.36**	**$411.65**	**$415.87**	**$358.89**

Washington State Office of the Insurance Commissioner
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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 062	**Employees**		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**19**	**19**	**33**	**261**	**266**	**62**
	Members		**47**	**47**	**47**	**47**	**47**	**47**	**47**	**46**	**46**	**73**	**599**	**606**	**142**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$2.94	$0.00	$410.45	$0.00	$4.09	$3.34	$0.00	$0.00	$0.00	$0.00	$0.00	$0.86	**$70.28**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$16.32	$0.61	$0.00	$0.00	$1.27	$1.04	**$4.81**
		Prof Svcs	$89.37	$65.82	$109.95	$52.84	$86.00	$75.20	$138.91	$132.58	$62.80	$45.08	$36.64	$74.60	**$80.82**
		Other	$35.19	$0.00	$33.98	$1.38	$19.53	$20.32	$23.11	$7.17	$6.74	$11.49	$0.36	$34.35	**$17.60**
		Pharmacy	$18.74	$22.53	$14.94	$37.79	$29.85	$23.79	$15.51	$57.09	$23.59	$0.32	$10.62	$16.60	**$22.61**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$146.24**	**$88.35**	**$569.31**	**$92.01**	**$139.47**	**$122.64**	**$193.85**	**$197.45**	**$93.13**	**$56.89**	**$48.89**	**$127.46**	**$156.31**
	Total Premiums		**$359.70**	**$359.70**	**$359.70**	**$359.70**	**$359.70**	**$359.70**	**$359.70**	**$356.46**	**$356.46**	**$406.30**	**$313.93**	**$314.96**	**$355.50**
Benefit Package 063	**Employees**		**861**	**865**	**870**	**877**	**877**	**877**	**882**	**885**	**886**	**1,437**	**1,460**	**1,476**	**1,021**
	Members		**1,612**	**1,614**	**1,621**	**1,632**	**1,631**	**1,628**	**1,637**	**1,644**	**1,650**	**2,347**	**2,381**	**2,407**	**1,817**
	Claims	Inpatient	$27.38	$72.70	$27.18	$16.19	$60.23	$115.10	$6.33	$150.66	$27.15	$189.73	$42.68	$42.10	**$64.79**
		Outpatient	$30.05	$20.38	$38.38	$43.29	$46.05	$25.17	$50.93	$51.72	$43.89	$36.75	$38.16	$20.29	**$37.09**
		ER	$5.78	$7.41	$8.75	$3.38	$11.54	$6.17	$4.81	$9.17	$4.82	$3.32	$6.97	$4.01	**$6.34**
		Prof Svcs	$143.76	$157.21	$155.14	$163.73	$212.42	$150.17	$181.53	$269.85	$135.06	$128.23	$171.84	$175.80	**$170.40**
		Other	$45.48	$41.23	$60.10	$37.02	$61.85	$43.14	$79.51	$65.74	$57.49	$43.00	$35.65	$28.75	**$49.91**
		Pharmacy	$57.30	$42.97	$63.31	$41.20	$43.48	$42.80	$48.68	$68.58	$43.74	$37.24	$51.97	$43.01	**$48.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$309.76**	**$341.89**	**$352.86**	**$304.81**	**$435.57**	**$382.56**	**$371.79**	**$615.72**	**$312.17**	**$438.28**	**$347.27**	**$313.96**	**$377.22**
	Total Premiums		**$436.67**	**$435.87**	**$436.77**	**$436.13**	**$436.90**	**$436.84**	**$437.04**	**$436.61**	**$436.43**	**$478.20**	**$477.99**	**$478.47**	**$446.99**
Benefit Package 064	**Employees**		**194**	**194**	**195**	**195**	**195**	**196**	**197**	**198**	**197**	**195**	**195**	**195**	**196**
	Members		**441**	**439**	**438**	**433**	**432**	**435**	**434**	**437**	**436**	**434**	**432**	**436**	**436**
	Claims	Inpatient	$12.41	$28.62	$16.79	$0.70	$29.06	$0.00	$0.00	$155.46	$77.57	$4.83	$107.53	$8.87	**$44.19**
		Outpatient	$10.68	$42.98	$44.47	$28.82	$30.23	$20.36	$52.21	$45.89	$12.35	$18.42	$14.33	$10.64	**$27.62**
		ER	$4.62	$4.63	$4.37	$2.28	$2.88	$0.42	$8.68	$1.45	$1.90	$0.00	$11.90	$12.25	**$5.04**
		Prof Svcs	$121.56	$126.56	$108.38	$103.35	$106.42	$110.19	$125.16	$259.35	$148.97	$139.00	$145.82	$76.89	**$130.97**
		Other	$14.60	$59.08	$60.76	$41.45	$49.10	$48.47	$35.68	$64.12	$71.89	$23.72	$54.43	$28.21	**$45.96**
		Pharmacy	$19.85	$38.21	$27.75	$32.82	$40.90	$33.34	$28.30	$43.71	$19.91	$20.23	$26.56	$20.45	**$29.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$183.73**	**$300.07**	**$262.52**	**$209.43**	**$258.60**	**$212.77**	**$250.04**	**$569.99**	**$332.59**	**$206.21**	**$360.58**	**$157.30**	**$275.32**
	Total Premiums		**$379.71**	**$384.69**	**$386.38**	**$387.73**	**$388.62**	**$387.85**	**$388.83**	**$387.52**	**$387.04**	**$394.09**	**$395.44**	**$392.37**	**$388.36**
Benefit Package 065	**Employees**		**1,191**	**1,190**	**1,185**	**1,183**	**1,181**	**1,183**	**1,175**	**1,189**	**1,193**	**1,217**	**1,413**	**1,413**	**1,226**
	Members		**2,936**	**2,945**	**2,936**	**2,935**	**2,940**	**2,945**	**2,928**	**2,974**	**2,972**	**3,037**	**3,452**	**3,471**	**3,039**
	Claims	Inpatient	$111.00	$110.51	$38.34	$125.35	$60.05	$81.87	$71.53	$144.49	$67.68	$83.60	$82.47	$35.37	**$84.35**
		Outpatient	$63.29	$52.66	$69.00	$77.24	$92.65	$78.94	$74.92	$111.55	$72.58	$76.43	$58.80	$57.14	**$73.77**
		ER	$9.58	$11.80	$11.33	$10.02	$12.86	$6.07	$18.10	$19.13	$19.15	$25.87	$9.71	$19.83	**$14.45**
		Prof Svcs	$63.80	$49.21	$63.43	$64.10	$75.69	$63.76	$81.37	$93.59	$61.43	$84.57	$73.93	$60.33	**$69.60**
		Other	$38.28	$25.59	$58.71	$40.60	$45.00	$47.06	$48.58	$58.95	$58.73	$51.29	$36.63	$33.33	**$45.23**
		Pharmacy	$36.52	$33.45	$51.28	$40.16	$37.64	$42.10	$40.75	$58.76	$35.95	$39.42	$34.11	$30.27	**$40.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$322.46**	**$283.22**	**$292.10**	**$357.47**	**$323.89**	**$319.80**	**$335.24**	**$486.46**	**$315.53**	**$361.17**	**$295.66**	**$236.27**	**$327.44**
	Total Premiums		**$404.93**	**$404.65**	**$404.39**	**$404.42**	**$403.45**	**$403.51**	**$403.01**	**$401.82**	**$402.16**	**$401.02**	**$402.03**	**$401.86**	**$403.10**

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Benefit Package 066	**Employees**		**778**	**778**	**785**	**788**	**791**	**796**	**795**	**794**	**789**	**811**	**822**	**836**	**797**
	Members		**1,817**	**1,811**	**1,834**	**1,843**	**1,844**	**1,849**	**1,847**	**1,849**	**1,832**	**1,843**	**1,853**	**1,884**	**1,842**
	Claims	Inpatient	$54.96	$41.93	$5.24	$40.85	$20.01	$33.41	$53.32	$60.87	$36.93	$45.34	$38.24	$41.15	**$39.35**
		Outpatient	$27.74	$22.46	$44.11	$38.30	$50.14	$39.16	$24.02	$51.99	$65.56	$25.00	$28.91	$35.62	**$37.75**
		ER	$11.50	$3.22	$28.96	-$13.95	$12.17	$24.41	$7.06	$10.14	$7.26	$18.25	$22.72	$13.20	**$13.18**
		Prof Svcs	$49.76	$52.01	$57.15	$46.37	$81.53	$61.11	$79.12	$104.07	$56.95	$73.72	$74.18	$75.68	**$67.64**
		Other	$43.15	$40.89	$57.76	$39.57	$48.39	$41.83	$59.76	$65.63	$51.36	$52.71	$55.76	$48.75	**$50.46**
		Pharmacy	$35.45	$42.08	$39.77	$42.33	$36.34	$42.48	$54.06	$46.36	$52.11	$47.80	$51.60	$48.99	**$44.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$222.56**	**$202.59**	**$232.99**	**$193.46**	**$248.57**	**$242.40**	**$277.34**	**$339.06**	**$270.16**	**$262.83**	**$271.41**	**$263.38**	**$252.23**
	Total Premiums		**$348.64**	**$346.20**	**$347.64**	**$345.37**	**$347.65**	**$346.52**	**$346.88**	**$346.33**	**$351.90**	**$349.20**	**$354.46**	**$358.92**	**$349.14**
Benefit Package 067	**Employees**		**1,201**	**1,204**	**1,211**	**1,209**	**1,206**	**1,204**	**1,205**	**1,208**	**1,206**	**1,270**	**1,332**	**1,344**	**1,233**
	Members		**2,598**	**2,607**	**2,618**	**2,616**	**2,605**	**2,595**	**2,595**	**2,609**	**2,596**	**2,743**	**2,841**	**2,852**	**2,656**
	Claims	Inpatient	$5.28	$68.61	$55.95	$56.87	$42.51	$69.70	$62.81	$58.80	$107.70	$24.60	$13.58	$63.50	**$52.49**
		Outpatient	$30.53	$24.05	$22.72	$35.12	$43.57	$32.80	$37.87	$48.47	$38.56	$32.52	$29.97	$34.23	**$34.20**
		ER	$5.67	$12.53	$4.73	$2.97	$5.10	$5.28	$3.54	$7.31	$6.87	$8.97	$11.83	$5.20	**$6.67**
		Prof Svcs	$73.38	$82.62	$79.42	$102.44	$95.74	$91.08	$104.58	$106.03	$92.68	$78.87	$64.50	$100.12	**$89.29**
		Other	$47.57	$47.29	$50.67	$56.54	$63.69	$50.25	$68.94	$65.39	$54.32	$50.57	$38.67	$38.30	**$52.68**
		Pharmacy	$35.81	$24.02	$22.12	$32.80	$31.05	$38.20	$30.05	$37.94	$39.32	$39.26	$35.14	$33.20	**$33.24**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$198.23**	**$259.11**	**$235.61**	**$286.74**	**$281.66**	**$287.31**	**$307.79**	**$323.93**	**$339.45**	**$234.81**	**$193.69**	**$274.55**	**$268.57**
	Total Premiums		**$354.21**	**$355.13**	**$357.25**	**$355.42**	**$354.79**	**$351.83**	**$355.30**	**$353.96**	**$354.26**	**$373.35**	**$372.16**	**$376.34**	**$359.50**
Benefit Package 068	**Employees**		**523**	**526**	**528**	**529**	**529**	**529**	**529**	**531**	**529**	**514**	**518**	**522**	**526**
	Members		**1,194**	**1,194**	**1,198**	**1,202**	**1,207**	**1,207**	**1,205**	**1,217**	**1,215**	**1,190**	**1,192**	**1,192**	**1,201**
	Claims	Inpatient	$35.38	$26.14	$25.32	$80.82	$22.02	$51.29	$103.66	$109.97	$63.57	$23.97	$27.41	$51.82	**$51.78**
		Outpatient	$32.87	$30.59	$29.00	$26.02	$60.26	$66.74	$77.30	$46.56	$24.12	$61.44	$52.22	$54.37	**$46.79**
		ER	$8.59	$14.21	$17.22	$16.35	$21.93	$5.58	$15.25	$3.97	$8.94	$22.55	$20.77	$12.23	**$13.97**
		Prof Svcs	$109.34	$121.14	$115.45	$111.67	$125.82	$130.33	$163.07	$158.58	$72.44	$108.28	$131.88	$120.55	**$122.38**
		Other	$55.82	$87.69	$63.41	$70.10	$85.35	$71.75	$76.18	$86.29	$71.55	$80.59	$71.60	$87.49	**$75.65**
		Pharmacy	$35.57	$36.23	$57.21	$52.06	$34.24	$39.12	$54.38	$52.61	$43.22	$45.98	$43.96	$45.95	**$45.04**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$277.57**	**$315.99**	**$307.61**	**$357.01**	**$349.62**	**$364.80**	**$489.84**	**$457.98**	**$283.83**	**$342.82**	**$347.83**	**$372.41**	**$355.61**
	Total Premiums		**$443.97**	**$440.63**	**$438.89**	**$439.06**	**$441.12**	**$440.39**	**$440.59**	**$438.23**	**$438.90**	**$439.26**	**$436.31**	**$438.60**	**$439.66**
Benefit Package 069	**Employees**		**1,096**	**1,097**	**1,097**	**1,093**	**1,096**	**1,097**	**1,095**	**1,086**	**1,084**	**1,119**	**1,137**	**1,138**	**1,103**
	Members		**2,001**	**2,006**	**2,002**	**2,008**	**2,013**	**2,017**	**2,018**	**1,993**	**1,983**	**1,994**	**2,011**	**2,012**	**2,005**
	Claims	Inpatient	$81.69	$111.92	$77.38	$103.11	$88.44	$52.78	$76.48	$105.61	$205.26	$95.32	$57.27	$59.54	**$92.90**
		Outpatient	$46.05	$25.43	$38.49	$30.76	$84.60	$38.78	$87.58	$67.99	$45.14	$56.35	$40.26	$22.21	**$48.64**
		ER	$11.24	$7.61	$12.20	$3.94	$12.64	$8.65	$15.05	$7.86	$9.63	$16.22	$1.00	$13.78	**$9.99**
		Prof Svcs	$101.50	$92.33	$98.32	$104.94	$134.02	$122.55	$135.85	$155.35	$96.56	$131.59	$92.93	$102.62	**$114.05**
		Other	$60.24	$68.88	$65.49	$64.88	$70.03	$62.91	$71.86	$98.62	$61.32	$125.30	$67.04	$48.84	**$72.12**
		Pharmacy	$50.33	$54.07	$47.18	$56.33	$51.20	$55.14	$56.19	$60.46	$52.09	$33.92	$36.76	$31.90	**$48.80**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$351.05**	**$360.24**	**$339.06**	**$363.96**	**$440.93**	**$340.82**	**$443.02**	**$495.88**	**$470.00**	**$458.69**	**$295.26**	**$278.88**	**$386.48**
	Total Premiums		**$457.34**	**$461.14**	**$461.16**	**$456.52**	**$458.51**	**$456.76**	**$456.20**	**$457.14**	**$460.68**	**$507.06**	**$510.77**	**$505.39**	**$470.72**

Washington State Office of the Insurance Commissioner
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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 070	**Employees**		**515**	**505**	**507**	**506**	**506**	**505**	**505**	**501**	**499**	**498**	**501**	**501**	**504**
	Members		**752**	**734**	**733**	**730**	**729**	**726**	**730**	**721**	**715**	**702**	**705**	**702**	**723**
	Claims	Inpatient	$125.32	$35.57	$638.20	$898.61	$332.32	$0.00	$151.46	$266.63	$95.48	$127.46	$84.68	$56.17	**$255.63**
		Outpatient	$150.27	$85.85	$142.16	$250.55	$224.65	$81.18	$131.75	$109.38	$107.24	$163.90	$76.77	$115.33	**$136.59**
		ER	$30.79	$41.52	$33.31	$22.92	$37.77	$16.85	$20.40	$27.87	$34.47	$14.91	$23.12	$8.14	**$26.01**
		Prof Svcs	$140.16	$126.13	$143.88	$106.30	$115.35	$122.10	$152.99	$126.20	$99.85	$85.58	$82.57	$98.11	**$116.60**
		Other	$68.12	$44.87	$87.45	$38.17	$63.74	$52.09	$52.73	$57.85	$45.89	$49.06	$54.77	$42.72	**$54.79**
		Pharmacy	$50.98	$61.05	$62.83	$67.83	$61.63	$69.15	$84.51	$58.67	$86.60	$64.86	$48.77	$69.49	**$65.53**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$565.63**	**$394.99**	**$1,107.84**	**$1,384.39**	**$835.46**	**$341.37**	**$593.84**	**$646.59**	**$469.52**	**$505.79**	**$370.68**	**$389.95**	**$633.84**
	Total Premiums		**$516.03**	**$507.34**	**$513.60**	**$511.35**	**$508.32**	**$516.95**	**$513.51**	**$513.19**	**$516.61**	**$520.91**	**$525.01**	**$517.90**	**$515.06**
Benefit Package 071	**Employees**		**4,543**	**4,542**	**4,541**	**4,529**	**4,517**	**4,502**	**4,493**	**4,470**	**4,470**	**4,381**	**4,292**	**4,304**	**4,465**
	Members		**8,861**	**8,848**	**8,838**	**8,814**	**8,773**	**8,734**	**8,724**	**8,671**	**8,664**	**8,328**	**8,008**	**8,008**	**8,606**
	Claims	Inpatient	$50.32	$38.97	$53.12	$63.87	$67.96	$97.86	$76.70	$94.53	$51.86	$44.43	$49.72	$42.97	**$61.03**
		Outpatient	$69.83	$50.02	$66.25	$58.82	$79.65	$65.90	$72.66	$76.18	$92.24	$56.98	$73.29	$53.54	**$67.95**
		ER	$16.54	$12.92	$19.96	$4.76	$27.67	$13.14	$15.19	$10.94	$14.70	$15.73	$11.49	$12.22	**$14.61**
		Prof Svcs	$101.79	$89.55	$102.02	$110.40	$112.11	$98.88	$120.34	$134.49	$103.70	$103.57	$95.88	$100.22	**$106.08**
		Other	$67.54	$54.30	$65.69	$57.60	$61.83	$53.82	$79.03	$77.61	$64.81	$64.87	$54.26	$57.15	**$63.21**
		Pharmacy	$40.18	$38.15	$38.33	$41.70	$42.34	$37.99	$43.91	$44.35	$47.23	$43.96	$46.60	$47.42	**$42.68**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$346.21**	**$283.91**	**$345.36**	**$337.14**	**$391.57**	**$367.58**	**$407.83**	**$438.10**	**$374.55**	**$329.53**	**$331.23**	**$313.51**	**$355.54**
	Total Premiums		**$430.13**	**$430.71**	**$429.84**	**$430.13**	**$430.55**	**$431.07**	**$430.95**	**$430.72**	**$431.17**	**$468.96**	**$471.69**	**$472.73**	**$440.72**
Benefit Package 072	**Employees**		**3,609**	**3,608**	**3,617**	**3,622**	**3,630**	**3,635**	**3,634**	**3,620**	**3,618**	**3,197**	**3,224**	**3,228**	**3,520**
	Members		**6,833**	**6,818**	**6,840**	**6,849**	**6,855**	**6,865**	**6,873**	**6,831**	**6,828**	**5,699**	**5,712**	**5,701**	**6,559**
	Claims	Inpatient	$98.55	$44.03	$65.47	$114.82	$72.52	$66.66	$51.41	$55.91	$69.80	$71.23	$117.93	$96.43	**$77.06**
		Outpatient	$49.25	$34.22	$29.22	$37.33	$50.36	$32.82	$35.73	$67.66	$53.86	$36.18	$61.32	$64.87	**$46.07**
		ER	$10.09	$11.12	$12.55	$6.97	$10.24	$16.44	$10.62	$9.06	$10.39	$15.81	$22.35	$12.60	**$12.35**
		Prof Svcs	$110.58	$91.70	$108.23	$115.01	$129.10	$99.70	$118.97	$118.86	$109.47	$120.27	$111.52	$100.93	**$111.19**
		Other	$55.48	$53.76	$56.03	$62.61	$72.48	$55.32	$68.39	$73.98	$62.89	$83.71	$68.54	$60.08	**$64.44**
		Pharmacy	$40.37	$31.77	$32.29	$40.85	$40.17	$39.70	$42.35	$37.89	$38.83	$44.29	$29.95	$41.52	**$38.33**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$364.31**	**$266.60**	**$303.79**	**$377.59**	**$374.85**	**$310.63**	**$327.47**	**$363.36**	**$345.22**	**$371.49**	**$411.61**	**$376.44**	**$349.45**
	Total Premiums		**$437.69**	**$437.74**	**$437.18**	**$435.64**	**$436.57**	**$435.98**	**$437.62**	**$435.16**	**$436.44**	**$487.09**	**$488.64**	**$486.86**	**$449.38**
Benefit Package 073	**Employees**		**622**	**624**	**621**	**622**	**625**	**625**	**622**	**619**	**621**	**613**	**621**	**626**	**622**
	Members		**1,504**	**1,499**	**1,485**	**1,486**	**1,491**	**1,492**	**1,486**	**1,490**	**1,498**	**1,468**	**1,491**	**1,493**	**1,490**
	Claims	Inpatient	$59.49	$38.29	$81.50	$8.91	$206.81	$30.12	$63.70	$80.90	$62.91	$142.78	$129.37	$87.57	**$82.69**
		Outpatient	$41.50	$35.53	$44.60	$18.64	$24.73	$95.79	$45.27	$110.72	$62.23	$23.01	$33.81	$54.16	**$49.17**
		ER	$13.12	$10.86	$7.34	$13.08	$21.03	$3.97	$10.41	$9.45	$15.27	$15.58	$5.05	$8.81	**$11.16**
		Prof Svcs	$60.48	$56.70	$57.48	$67.16	$57.72	$61.92	$69.76	$77.04	$45.39	$69.21	$64.23	$63.79	**$62.57**
		Other	$35.82	$37.92	$35.07	$39.49	$42.62	$25.74	$34.42	$36.89	$34.42	$54.96	$30.10	$29.10	**$36.38**
		Pharmacy	$42.95	$35.03	$36.96	$33.28	$41.45	$35.80	$33.14	$35.58	$46.54	$35.52	$44.01	$55.12	**$39.61**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$253.36**	**$214.33**	**$262.95**	**$180.54**	**$394.36**	**$253.35**	**$256.70**	**$350.57**	**$266.75**	**$341.06**	**$306.56**	**$298.54**	**$281.59**
	Total Premiums		**$342.50**	**$342.61**	**$343.79**	**$344.76**	**$343.35**	**$343.95**	**$342.52**	**$342.47**	**$341.22**	**$342.39**	**$341.74**	**$340.07**	**$342.61**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 074	**Employees**		**2,735**	**2,746**	**2,753**	**2,751**	**2,747**	**2,748**	**2,739**	**2,727**	**2,721**	**2,866**	**2,868**	**2,872**	**2,773**
	Members		**5,065**	**5,081**	**5,079**	**5,076**	**5,072**	**5,064**	**5,051**	**5,005**	**4,984**	**4,988**	**4,935**	**4,927**	**5,027**
	Claims	Inpatient	$39.23	$39.12	$39.53	$159.63	$43.38	$68.42	$69.87	$40.66	$62.82	$23.71	$93.55	$60.03	**$61.66**
		Outpatient	$45.09	$38.48	$40.77	$43.15	$49.49	$40.28	$70.45	$68.32	$73.12	$58.73	$70.03	$74.61	**$56.04**
		ER	$6.55	$3.30	$6.79	$6.07	$9.97	$7.61	$5.61	$11.95	$6.64	$7.50	$9.22	$8.77	**$7.50**
		Prof Svcs	$78.92	$81.02	$116.44	$92.46	$109.29	$107.30	$114.83	$123.14	$78.50	$102.88	$107.57	$96.44	**$100.73**
		Other	$49.52	$41.26	$48.74	$46.40	$51.80	$49.37	$55.38	$57.64	$45.88	$62.88	$55.12	$47.97	**$51.00**
		Pharmacy	$34.91	$36.84	$35.60	$45.07	$46.01	$44.55	$59.42	$39.20	$52.58	$46.11	$44.43	$49.94	**$44.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$254.22**	**$240.02**	**$287.88**	**$392.78**	**$309.93**	**$317.54**	**$375.55**	**$340.91**	**$319.54**	**$301.81**	**$379.92**	**$337.77**	**$321.49**
	Total Premiums		**$419.62**	**$418.04**	**$419.67**	**$417.43**	**$418.02**	**$421.47**	**$418.35**	**$420.59**	**$418.61**	**$462.18**	**$467.53**	**$466.54**	**$430.67**
Benefit Package 075	**Employees**		**1,448**	**1,447**	**1,445**	**1,441**	**1,440**	**1,437**	**1,430**	**1,425**	**1,423**	**1,426**	**1,479**	**1,482**	**1,444**
	Members		**2,926**	**2,920**	**2,920**	**2,921**	**2,913**	**2,915**	**2,892**	**2,870**	**2,869**	**2,884**	**2,976**	**2,980**	**2,916**
	Claims	Inpatient	$30.02	$44.92	$115.24	$309.47	$69.01	$34.35	$190.04	$51.23	$162.83	$105.43	$24.07	$63.87	**$100.04**
		Outpatient	$59.55	$22.81	$52.81	$77.83	$70.03	$48.10	$73.26	$41.29	$79.61	$76.19	$49.74	$53.85	**$58.76**
		ER	$14.20	$11.41	$12.87	$10.64	$13.63	$14.32	$20.27	$15.58	$10.36	$25.43	$22.42	$12.51	**$15.30**
		Prof Svcs	$98.02	$96.83	$117.25	$110.78	$124.22	$126.28	$170.78	$138.29	$96.95	$114.23	$113.12	$126.01	**$119.40**
		Other	$62.63	$60.69	$62.31	$54.91	$96.59	$71.51	$87.80	$81.56	$64.11	$80.93	$71.83	$82.36	**$73.10**
		Pharmacy	$55.63	$71.17	$57.54	$72.19	$63.75	$61.89	$71.59	$72.46	$83.54	$74.99	$72.93	$65.26	**$68.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$320.05**	**$307.82**	**$418.03**	**$635.80**	**$437.22**	**$356.45**	**$613.74**	**$400.42**	**$497.40**	**$477.19**	**$354.11**	**$403.87**	**$435.17**
	Total Premiums		**$476.72**	**$479.72**	**$478.79**	**$476.82**	**$477.26**	**$476.94**	**$477.22**	**$479.44**	**$476.17**	**$474.72**	**$479.50**	**$477.57**	**$477.57**
Benefit Package 076	**Employees**		**2,981**	**2,981**	**2,986**	**2,987**	**2,988**	**2,987**	**2,985**	**2,978**	**2,980**	**2,858**	**2,754**	**2,762**	**2,936**
	Members		**5,717**	**5,717**	**5,728**	**5,727**	**5,726**	**5,715**	**5,714**	**5,702**	**5,706**	**5,424**	**5,175**	**5,191**	**5,604**
	Claims	Inpatient	$47.28	$86.44	$82.93	$80.93	$111.81	$67.54	$82.34	$69.43	$65.94	$77.23	$43.34	$94.52	**$75.81**
		Outpatient	$70.48	$47.92	$63.46	$39.03	$40.17	$49.27	$79.38	$59.88	$73.57	$47.78	$46.46	$61.26	**$56.56**
		ER	$18.46	$11.51	$12.23	$7.61	$19.21	$8.67	$11.47	$22.63	$18.56	$19.04	$20.22	$14.58	**$15.35**
		Prof Svcs	$116.20	$102.40	$128.08	$104.36	$130.60	$112.88	$127.91	$139.00	$97.98	$109.87	$115.16	$99.43	**$115.32**
		Other	$79.87	$60.64	$75.22	$63.30	$68.68	$72.86	$73.54	$73.49	$64.76	$93.87	$72.63	$64.21	**$71.92**
		Pharmacy	$46.95	$38.76	$39.24	$50.41	$39.39	$40.10	$45.16	$52.02	$47.26	$46.60	$44.01	$41.64	**$44.30**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$379.23**	**$347.67**	**$401.15**	**$345.64**	**$409.86**	**$351.32**	**$419.79**	**$416.45**	**$368.06**	**$394.41**	**$341.82**	**$375.63**	**$379.25**
	Total Premiums		**$452.65**	**$451.15**	**$450.23**	**$450.83**	**$450.43**	**$451.52**	**$450.46**	**$450.73**	**$451.28**	**$459.73**	**$466.93**	**$459.20**	**$453.76**
Benefit Package 077	**Employees**		**267**	**268**	**268**	**266**	**267**	**267**	**265**	**263**	**263**	**188**	**196**	**196**	**248**
	Members		**505**	**506**	**503**	**497**	**499**	**497**	**495**	**488**	**484**	**333**	**355**	**356**	**460**
	Claims	Inpatient	$61.60	$12.72	$147.48	$79.75	$74.92	$20.78	$96.76	$8.50	$4.16	$21.76	$5.51	$137.12	**$55.92**
		Outpatient	$99.44	$11.63	$26.79	$35.86	$19.09	$18.86	$124.46	$35.41	$56.89	$18.27	$2.86	$3.84	**$37.78**
		ER	$4.19	$11.23	$12.86	$0.00	$19.31	$19.89	$11.29	$9.14	$18.11	$24.16	$2.30	$9.02	**$12.86**
		Prof Svcs	$123.79	$76.57	$109.14	$104.25	$87.55	$128.16	$124.52	$202.41	$75.29	$64.03	$79.42	$121.08	**$108.02**
		Other	$67.16	$53.77	$76.92	$72.83	$64.80	$46.10	$61.89	$75.34	$61.45	$85.18	$58.23	$70.95	**$66.22**
		Pharmacy	$43.75	$54.30	$67.85	$54.04	$70.34	$48.58	$45.60	$40.65	$34.75	$16.55	$16.48	$15.42	**$42.36**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$399.94**	**$220.22**	**$441.04**	**$346.73**	**$335.99**	**$282.38**	**$464.51**	**$371.45**	**$250.65**	**$229.95**	**$164.79**	**$357.42**	**$322.09**
	Total Premiums		**$457.43**	**$461.48**	**$462.42**	**$463.73**	**$461.25**	**$465.66**	**$462.85**	**$460.79**	**$465.25**	**$477.93**	**$460.14**	**$460.85**	**$463.32**

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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 078	**Employees**		**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			**5**
	Members		**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			**5**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Prof Svcs	$451.73	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$451.73**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$578.19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$578.19**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,029.92**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**			**$1,029.92**
	Total Premiums		**$947.84**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**			**$947.84**
Benefit Package 079	**Employees**		**29,610**	**29,626**	**29,599**	**29,575**	**29,563**	**29,538**	**29,514**	**29,366**	**29,318**	**26,634**			**29,234**
	Members		**50,064**	**50,047**	**49,976**	**49,942**	**49,911**	**49,883**	**49,833**	**49,624**	**49,516**	**45,575**			**49,437**
	Claims	Inpatient	$84.20	$77.84	$90.16	$102.82	$87.52	$137.49	$109.89	$103.77	$98.98	$151.09			**$104.38**
		Outpatient	$112.77	$102.35	$109.59	$107.12	$111.58	$118.90	$136.97	$129.88	$102.22	$122.88			**$115.43**
		ER	$16.39	$14.56	$14.88	$17.18	$17.07	$16.16	$19.61	$15.86	$15.97	$16.98			**$16.47**
		Prof Svcs	$150.53	$143.80	$145.66	$153.56	$150.20	$153.03	$187.95	$185.78	$146.54	$162.28			**$157.93**
		Other	$6.09	$7.50	$5.17	$7.73	$6.84	$7.57	$6.65	$8.42	$9.20	$6.24			**$7.14**
		Pharmacy	$99.24	$91.47	$97.89	$100.16	$100.99	$101.28	$107.47	$108.16	$102.50	$109.70			**$101.89**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$469.21**	**$437.52**	**$463.36**	**$488.57**	**$474.20**	**$534.42**	**$568.54**	**$551.87**	**$475.42**	**$569.17**			**$503.23**
	Total Premiums		**$484.01**	**$482.77**	**$482.88**	**$482.95**	**$482.99**	**$483.03**	**$483.23**	**$482.97**	**$483.20**	**$477.44**			**$482.55**
Benefit Package 080	**Employees**		**11,981**	**12,009**	**12,030**	**12,035**	**12,045**	**12,046**	**12,019**	**11,999**	**11,990**	**11,757**			**11,991**
	Members		**25,756**	**25,838**	**25,828**	**25,830**	**25,843**	**25,819**	**25,762**	**25,737**	**25,681**	**24,924**			**25,702**
	Claims	Inpatient	$54.33	$44.57	$48.34	$67.14	$59.90	$73.40	$54.27	$57.31	$60.13	$55.59			**$57.50**
		Outpatient	$64.92	$62.06	$73.17	$63.66	$63.87	$69.61	$91.78	$82.88	$66.10	$87.31			**$72.54**
		ER	$10.73	$11.28	$13.78	$13.26	$12.32	$13.34	$12.97	$14.40	$10.47	$15.02			**$12.76**
		Prof Svcs	$93.31	$85.49	$89.67	$95.56	$95.24	$95.06	$105.61	$117.84	$88.18	$103.97			**$96.99**
		Other	$4.42	$3.31	$3.55	$4.83	$3.27	$4.11	$4.07	$4.77	$5.86	$4.27			**$4.25**
		Pharmacy	$60.08	$54.89	$58.74	$61.90	$59.44	$59.65	$69.23	$66.33	$62.15	$67.97			**$62.04**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$287.79**	**$261.59**	**$287.26**	**$306.35**	**$294.04**	**$315.18**	**$337.92**	**$343.53**	**$292.89**	**$334.14**			**$306.07**
	Total Premiums		**$381.30**	**$379.83**	**$380.29**	**$380.30**	**$380.26**	**$380.48**	**$380.58**	**$380.47**	**$380.88**	**$382.31**			**$380.67**
Benefit Package 081	**Employees**		**11,200**	**11,182**	**11,145**	**11,121**	**11,098**	**11,080**	**11,036**	**10,973**	**10,937**	**9,977**			**10,975**
	Members		**18,511**	**18,488**	**18,437**	**18,422**	**18,385**	**18,344**	**18,270**	**18,140**	**18,072**	**16,636**			**18,171**
	Claims	Inpatient	$109.67	$125.41	$149.47	$114.36	$124.20	$151.75	$169.89	$87.01	$96.27	$91.92			**$121.99**
		Outpatient	$127.98	$124.08	$146.17	$123.67	$131.36	$132.30	$165.20	$162.20	$119.43	$141.41			**$137.38**
		ER	$22.11	$17.13	$24.78	$20.03	$24.54	$22.60	$22.44	$20.85	$21.39	$17.92			**$21.38**
		Prof Svcs	$201.85	$187.70	$195.36	$212.12	$204.89	$200.53	$230.95	$225.77	$183.92	$220.09			**$206.32**
		Other	$7.02	$8.22	$6.50	$5.58	$6.80	$6.28	$7.92	$7.08	$10.48	$9.83			**$7.57**
		Pharmacy	$115.12	$108.90	$111.82	$116.02	$120.81	$116.02	$128.90	$129.72	$117.80	$137.19			**$120.23**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$583.75**	**$571.45**	**$634.09**	**$591.77**	**$612.59**	**$629.47**	**$725.31**	**$632.62**	**$549.27**	**$618.35**			**$614.87**
	Total Premiums		**$572.11**	**$570.50**	**$570.18**	**$569.57**	**$569.45**	**$569.78**	**$569.92**	**$570.74**	**$570.82**	**$566.50**			**$569.96**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 082	**Employees**		**67**	**66**	**66**	**66**	**65**	**65**	**65**	**65**	**65**	**47**	**42**	**42**	**60**
	Members		**93**	**91**	**91**	**90**	**89**	**89**	**89**	**89**	**89**	**62**	**56**	**56**	**82**
	Claims	Inpatient	$0.00	$0.00	$98.03	$0.00	$0.00	$0.00	$0.00	$127.67	$0.00	$0.00	$0.00	$0.00	**$112.85**
		Outpatient	$24.60	$0.00	$12.38	$31.21	$9.71	$35.93	$26.55	$32.17	$193.08	$0.00	$21.59	$180.93	**$56.82**
		ER	$22.02	$42.57	$0.00	$0.00	$0.00	$37.52	$0.29	$7.65	$35.39	$0.00	$21.93	$15.94	**$22.91**
		Prof Svcs	$255.10	$195.66	$273.80	$127.35	$223.97	$129.75	$217.29	$529.89	$153.90	$199.30	$202.34	$146.23	**$221.21**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$159.00	$76.52	$156.81	$66.59	$93.48	$162.77	$74.36	$88.74	$160.37	$110.26	$74.88	$116.97	**$111.73**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$460.72**	**$314.74**	**$541.02**	**$225.15**	**$327.16**	**$365.98**	**$318.50**	**$786.12**	**$542.75**	**$309.56**	**$320.74**	**$460.07**	**$414.38**
	Total Premiums		**$525.32**	**$526.81**	**$526.81**	**$532.66**	**$531.11**	**$531.11**	**$531.11**	**$531.11**	**$531.11**	**$548.68**	**$635.11**	**$635.11**	**$548.84**
Benefit Package 083	**Employees**		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**			**2**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**			**4**
	Claims	Inpatient	$10,009.74	$0.00	$5,051.80	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$7,530.77**
		Outpatient	$0.00	$0.00	$394.55	$48.56	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$221.55**
		ER	$0.00	$0.00	$7.68	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$7.68**
		Prof Svcs	$624.85	$438.82	$675.79	$352.41	$281.10	$45.55	$136.62	$688.79	$246.74	$1,256.31			**$474.70**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$85.63	$90.66	$439.14	$84.07	$102.41	$9.23	$120.60	$63.14	$69.24	$83.03			**$114.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$10,720.21**	**$529.47**	**$6,568.95**	**$485.03**	**$383.50**	**$54.78**	**$257.21**	**$751.93**	**$315.97**	**$1,339.34**			**$2,140.64**
	Total Premiums		**$371.87**	**$371.87**	**$371.87**	**$371.87**	**$371.87**	**$371.87**	**$371.87**	**$371.87**	**$371.87**	**$371.87**			**$371.87**
Benefit Package 084	**Employees**		**82**	**82**	**81**	**80**	**80**	**81**	**80**	**80**	**80**	**62**			**79**
	Members		**184**	**187**	**181**	**182**	**183**	**183**	**180**	**184**	**182**	**149**			**180**
	Claims	Inpatient	$92.70	$38.84	$30.05	$326.82	$39.20	$0.00	$0.00	$235.32	$62.96	$104.97			**$116.36**
		Outpatient	$11.89	$83.30	$23.43	$0.00	$20.23	$0.00	$55.85	$161.44	$23.33	$2.21			**$47.71**
		ER	$0.00	$15.73	$4.93	$2.42	$5.50	$18.07	$14.00	$56.93	$10.26	$0.00			**$15.98**
		Prof Svcs	$126.60	$159.79	$125.68	$87.92	$186.88	$112.62	$129.39	$249.89	$128.68	$171.80			**$147.93**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$58.64	$26.04	$58.38	$50.61	$61.97	$99.20	$97.65	$45.82	$134.20	$91.81			**$72.44**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$289.83**	**$323.70**	**$242.48**	**$467.78**	**$313.77**	**$229.90**	**$296.89**	**$749.41**	**$359.42**	**$370.79**			**$364.40**
	Total Premiums		**$296.89**	**$290.65**	**$296.41**	**$291.69**	**$290.10**	**$292.78**	**$293.42**	**$290.00**	**$291.69**	**$282.35**			**$291.60**
Benefit Package 085	**Employees**		**11**	**11**	**11**	**11**	**11**	**11**	**11**	**10**	**10**	**2**	**4**	**4**	**9**
	Members		**15**	**15**	**15**	**15**	**15**	**15**	**15**	**14**	**14**	**4**	**6**	**6**	**12**
	Claims	Inpatient	$233.21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$233.21**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$178.89	$0.00	$0.00	$0.00	$0.00	$200.39	$0.00	**$189.64**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$383.09	$100.90	$99.51	$125.03	$106.19	$97.70	$120.73	$384.40	$86.83	$236.10	$358.99	$445.47	**$212.08**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$202.25	$237.49	$212.91	$229.48	$222.04	$225.89	$209.48	$483.96	$219.89	$835.91	$563.36	$486.16	**$344.07**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$818.54**	**$338.39**	**$312.42**	**$354.52**	**$328.23**	**$502.49**	**$330.21**	**$868.36**	**$306.72**	**$1,072.01**	**$1,122.74**	**$931.63**	**$607.19**
	Total Premiums		**$507.81**	**$507.81**	**$507.81**	**$507.81**	**$507.81**	**$507.81**	**$507.81**	**$500.11**	**$500.11**	**$364.07**	**$530.04**	**$530.04**	**$498.26**

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Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 086	**Employees**		**29**	**29**	**29**	**29**	**28**	**28**	**28**	**28**	**28**	**29**	**42**	**42**	**31**
	Members		**90**	**90**	**89**	**90**	**85**	**85**	**85**	**80**	**80**	**81**	**107**	**113**	**90**
	Claims	Inpatient	$0.00	$0.00	$0.00	$54.34	$502.00	$0.00	$502.59	$0.00	$0.00	$84.38	$1.12	$0.00	**$228.89**
		Outpatient	$0.00	$0.00	$0.00	$0.96	$57.21	$0.00	$0.00	$0.00	$0.00	$522.05	$0.00	$13.80	**$148.50**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.05	$0.00	$0.00	$0.00	$0.00	**$7.05**
		Prof Svcs	$18.85	$11.11	$45.14	$76.19	$99.23	$133.24	$47.20	$48.75	$402.95	$356.32	$52.23	$30.01	**$110.10**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$11.32	$13.63	$16.80	$27.81	$25.37	$14.11	$37.80	$23.72	$38.67	$12.08	$24.48	$26.69	**$22.71**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$30.17**	**$24.74**	**$61.95**	**$159.30**	**$683.81**	**$147.35**	**$587.59**	**$79.52**	**$441.62**	**$974.83**	**$77.83**	**$70.49**	**$278.27**
	Total Premiums		**$148.25**	**$148.25**	**$149.91**	**$148.25**	**$149.90**	**$149.90**	**$149.90**	**$155.00**	**$155.00**	**$158.32**	**$204.55**	**$192.77**	**$159.17**
Benefit Package 087	**Employees**		**189**	**189**	**190**	**191**	**191**	**190**	**190**	**189**	**188**	**179**			**189**
	Members		**273**	**273**	**275**	**274**	**274**	**272**	**271**	**271**	**269**	**258**			**271**
	Claims	Inpatient	$93.01	$55.46	$50.95	$0.00	$0.00	$35.30	$366.44	$150.93	$138.84	$0.00			**$127.28**
		Outpatient	$81.93	$11.13	$75.64	$49.47	$166.41	$85.79	$25.81	$62.21	$7.40	$120.27			**$68.61**
		ER	$46.09	$17.30	$21.84	$0.27	$37.37	$89.00	$19.34	$7.46	$14.48	$8.29			**$26.14**
		Prof Svcs	$282.82	$195.65	$305.13	$184.09	$261.07	$179.57	$261.55	$331.96	$279.26	$207.40			**$248.85**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$124.71	$73.75	$107.24	$53.56	$132.99	$107.64	$105.64	$141.65	$107.58	$120.06			**$107.48**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$628.57**	**$353.31**	**$560.80**	**$287.40**	**$597.84**	**$497.29**	**$778.78**	**$694.22**	**$547.56**	**$456.02**			**$540.18**
	Total Premiums		**$524.11**	**$524.11**	**$522.66**	**$524.78**	**$524.78**	**$525.28**	**$527.22**	**$524.81**	**$526.30**	**$526.52**			**$525.06**
Benefit Package 088	**Employees**		**75**	**75**	**74**	**74**	**74**	**74**	**73**	**73**	**73**	**65**			**73**
	Members		**99**	**99**	**95**	**95**	**95**	**95**	**94**	**94**	**94**	**84**			**94**
	Claims	Inpatient	$0.00	$0.00	$156.83	$0.00	$520.29	$0.00	$0.00	$0.00	$185.71	$0.00			**$287.61**
		Outpatient	$1.68	$2.20	$168.46	$85.94	$3.37	$0.00	$0.00	$3.26	$0.00	$72.29			**$48.17**
		ER	$0.00	$0.00	$36.49	$0.00	$0.00	$63.22	$0.00	$0.21	$0.00	$31.99			**$32.98**
		Prof Svcs	$124.26	$145.92	$176.73	$336.62	$199.68	$225.86	$107.83	$380.27	$131.57	$129.67			**$195.84**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$144.05	$106.37	$139.11	$114.77	$123.98	$121.75	$122.92	$105.30	$120.88	$135.46			**$123.46**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$269.99**	**$254.50**	**$677.62**	**$537.33**	**$847.32**	**$410.83**	**$230.75**	**$489.05**	**$438.16**	**$369.42**			**$452.50**
	Total Premiums		**$689.41**	**$689.41**	**$706.03**	**$706.03**	**$706.03**	**$706.03**	**$704.62**	**$704.62**	**$704.62**	**$690.34**			**$700.71**
Benefit Package 089	**Employees**		**1,381**	**1,385**	**1,375**	**1,366**	**1,363**	**1,360**	**1,361**	**1,360**	**1,356**	**1,332**			**1,364**
	Members		**2,907**	**2,901**	**2,894**	**2,875**	**2,872**	**2,864**	**2,862**	**2,859**	**2,854**	**2,783**			**2,867**
	Claims	Inpatient	$96.40	$97.21	$112.65	$59.18	$10.38	$122.47	$70.74	$138.22	$38.36	$36.86			**$78.25**
		Outpatient	$40.36	$84.92	$37.27	$37.39	$57.52	$87.70	$36.92	$131.21	$52.97	$85.91			**$65.22**
		ER	$18.90	$13.96	$21.28	$21.77	$9.63	$5.65	$8.14	$15.85	$11.55	$6.78			**$13.35**
		Prof Svcs	$126.82	$114.30	$132.48	$108.65	$140.48	$112.35	$107.89	$166.08	$105.14	$114.91			**$122.91**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$53.77	$45.41	$48.54	$44.21	$52.13	$49.52	$44.38	$54.88	$58.42	$52.72			**$50.40**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$336.27**	**$355.80**	**$352.22**	**$271.20**	**$270.14**	**$377.69**	**$268.07**	**$506.24**	**$266.44**	**$297.17**			**$330.12**
	Total Premiums		**$328.74**	**$329.13**	**$329.67**	**$328.88**	**$328.78**	**$329.30**	**$329.34**	**$329.13**	**$329.09**	**$330.67**			**$329.27**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 090	**Employees**		**132**	**133**	**132**	**131**	**131**	**131**	**131**	**128**	**127**	**120**			**130**
	Members		**176**	**177**	**176**	**176**	**176**	**176**	**176**	**172**	**171**	**169**			**175**
	Claims	Inpatient	$0.00	$240.54	$0.00	$83.60	$324.50	$0.00	$0.00	$199.37	$0.00	$50.67			**$179.74**
		Outpatient	$12.23	$10.23	$0.00	$98.54	$16.83	$12.02	$72.97	$12.34	$12.42	$16.08			**$29.30**
		ER	$0.00	$8.57	$4.60	$0.00	$10.45	$26.43	$1.03	$14.38	$0.00	$0.00			**$10.91**
		Prof Svcs	$231.17	$195.36	$224.85	$171.17	$211.77	$218.93	$236.74	$234.43	$143.94	$203.37			**$207.17**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$148.88	$159.96	$164.69	$103.12	$219.22	$157.62	$106.37	$176.41	$212.74	$110.04			**$155.90**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$392.29**	**$614.66**	**$394.14**	**$456.43**	**$782.75**	**$414.99**	**$417.11**	**$636.92**	**$369.09**	**$380.16**			**$485.85**
	Total Premiums		**$605.66**	**$609.71**	**$607.34**	**$603.68**	**$603.20**	**$603.20**	**$603.20**	**$604.50**	**$603.77**	**$584.66**			**$602.89**
Benefit Package 091	**Employees**		**57**	**60**	**61**	**60**	**60**	**60**	**60**	**60**	**60**	**60**			**60**
	Members		**135**	**142**	**143**	**141**	**142**	**141**	**141**	**140**	**140**	**143**			**141**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$92.58	$0.00	$0.00	$0.00	$0.00	$0.00			**$92.58**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$5.27	$0.00	$0.00	$0.00	$0.00	$0.00			**$5.27**
		ER	$0.30	$0.00	$2.85	$0.00	$0.00	$20.18	$0.00	$0.00	$0.30	$0.00			**$5.91**
		Prof Svcs	$14.20	$8.64	$11.72	$13.28	$92.88	$47.88	$45.25	$65.11	$45.82	$31.64			**$37.64**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$1.95	$1.60	$1.42	$2.70	$0.00	$1.37	$2.80	$3.13	$3.88	$5.00			**$2.65**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$16.46**	**$10.23**	**$16.00**	**$15.98**	**$190.73**	**$69.44**	**$48.05**	**$68.24**	**$50.00**	**$36.64**			**$52.18**
	Total Premiums		**$215.36**	**$212.73**	**$213.48**	**$212.17**	**$210.67**	**$212.17**	**$212.17**	**$213.68**	**$213.68**	**$210.44**			**$212.65**
Benefit Package 092	**Employees**		**597**	**596**	**592**	**591**	**586**	**587**	**583**	**576**	**576**	**520**	**157**	**154**	**510**
	Members		**830**	**830**	**821**	**823**	**811**	**814**	**808**	**795**	**789**	**675**	**222**	**218**	**703**
	Claims	Inpatient	$286.37	$153.71	$173.82	$137.71	$444.18	$115.72	$230.38	$266.87	$742.91	$181.42	$87.90	$804.29	**$302.11**
		Outpatient	$143.95	$49.78	$45.36	$54.53	$25.89	$35.89	$51.09	$97.36	$70.15	$111.82	$324.58	$58.27	**$89.06**
		ER	$15.02	$10.06	$52.11	$22.45	$34.01	$35.16	$26.56	$13.74	$35.98	$13.83	$17.28	$20.30	**$24.71**
		Prof Svcs	$267.44	$252.24	$339.03	$304.02	$377.39	$253.16	$310.85	$408.95	$245.65	$277.24	$429.21	$379.70	**$320.41**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$133.51	$94.20	$103.75	$118.96	$117.98	$97.31	$116.69	$120.65	$124.42	$136.72	$147.71	$115.93	**$118.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$846.30**	**$560.00**	**$714.07**	**$637.68**	**$999.46**	**$537.24**	**$735.57**	**$907.56**	**$1,219.11**	**$721.03**	**$1,006.68**	**$1,378.49**	**$855.26**
	Total Premiums		**$585.05**	**$580.95**	**$585.14**	**$582.21**	**$589.82**	**$578.33**	**$587.92**	**$587.88**	**$583.98**	**$615.13**	**$656.23**	**$664.04**	**$599.72**
Benefit Package 093	**Employees**		**606**	**603**	**601**	**601**	**600**	**602**	**596**	**595**	**590**	**541**	**395**	**392**	**560**
	Members		**997**	**992**	**988**	**987**	**984**	**985**	**983**	**975**	**966**	**895**	**658**	**651**	**922**
	Claims	Inpatient	$87.38	$78.22	$0.00	$55.22	$116.41	$42.07	$53.59	$173.96	$113.96	$33.23	$62.77	$9.11	**$75.08**
		Outpatient	$213.39	$61.65	$113.90	$81.87	$100.69	$113.18	$54.64	$67.92	$147.54	$101.80	$277.74	$143.07	**$123.11**
		ER	$15.50	$8.36	$13.07	$26.17	$8.93	$10.58	$8.46	$22.90	$13.44	$20.12	$24.71	$26.25	**$16.54**
		Prof Svcs	$182.06	$148.27	$185.52	$170.97	$214.04	$165.96	$181.07	$230.20	$172.70	$154.04	$262.65	$229.80	**$191.44**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$124.24	$89.22	$95.63	$93.47	$120.44	$97.84	$92.39	$125.50	$125.05	$119.52	$117.38	$112.99	**$109.47**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$622.56**	**$385.73**	**$408.11**	**$427.70**	**$560.52**	**$429.62**	**$390.14**	**$620.48**	**$572.69**	**$428.70**	**$745.25**	**$521.22**	**$509.39**
	Total Premiums		**$467.16**	**$467.69**	**$467.50**	**$468.80**	**$467.61**	**$469.63**	**$467.02**	**$466.39**	**$469.61**	**$463.93**	**$551.57**	**$543.76**	**$480.89**

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Benefit Package 094	**Employees**		**103**	**101**	**101**	**101**	**102**	**102**	**102**	**103**	**103**	**114**			**103**
	Members		**259**	**257**	**257**	**256**	**257**	**256**	**256**	**253**	**254**	**266**			**257**
	Claims	Inpatient	$38.41	$20.40	$48.26	$0.00	$54.03	$0.00	$0.00	$57.84	$0.00	$53.68			**$45.44**
		Outpatient	$25.26	$1.66	$0.00	$44.87	$0.75	$25.53	$33.69	$64.72	$8.94	$0.00			**$25.68**
		ER	$12.95	$4.61	$14.43	$12.50	$10.06	$0.00	$0.00	$10.32	$25.26	$44.95			**$16.88**
		Prof Svcs	$63.34	$52.77	$89.01	$78.61	$72.51	$68.24	$53.63	$94.42	$73.90	$81.45			**$72.79**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$52.31	$35.00	$35.87	$35.04	$40.70	$51.34	$34.59	$71.22	$56.18	$56.14			**$46.84**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$192.26**	**$114.44**	**$187.58**	**$171.01**	**$178.05**	**$145.10**	**$121.90**	**$298.53**	**$164.29**	**$236.23**			**$180.94**
	Total Premiums		**$244.48**	**$243.16**	**$243.16**	**$247.01**	**$244.61**	**$247.35**	**$245.73**	**$245.71**	**$248.01**	**$242.71**			**$245.19**
Benefit Package 095	**Employees**		**442**	**441**	**442**	**440**	**442**	**440**	**439**	**444**	**441**	**446**			**442**
	Members		**855**	**846**	**850**	**845**	**844**	**836**	**830**	**835**	**831**	**816**			**839**
	Claims	Inpatient	$182.75	$67.17	$163.93	$235.78	$25.33	$17.28	$35.22	$9.54	$124.64	$43.33			**$90.50**
		Outpatient	$68.29	$93.24	$102.92	$72.84	$53.21	$81.08	$74.68	$65.18	$51.80	$20.26			**$68.35**
		ER	$3.18	$18.38	$11.87	$2.00	$24.60	$1.62	$9.29	$11.72	$3.88	$2.67			**$8.92**
		Prof Svcs	$98.70	$101.92	$165.95	$114.95	$150.38	$114.52	$137.62	$165.93	$166.57	$116.29			**$133.28**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$51.22	$43.42	$45.14	$54.85	$62.95	$42.68	$43.00	$75.09	$53.78	$73.43			**$54.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$404.15**	**$324.13**	**$489.81**	**$480.43**	**$316.47**	**$257.19**	**$299.81**	**$327.46**	**$400.67**	**$255.98**			**$355.61**
	Total Premiums		**$339.73**	**$341.53**	**$339.59**	**$341.31**	**$340.76**	**$343.49**	**$345.52**	**$342.00**	**$344.05**	**$345.49**			**$342.35**
Benefit Package 096	**Employees**		**422**	**423**	**425**	**424**	**425**	**424**	**426**	**425**	**426**	**386**			**421**
	Members		**660**	**659**	**661**	**663**	**664**	**658**	**667**	**666**	**666**	**605**			**657**
	Claims	Inpatient	$12.29	$165.96	$2.98	$25.89	$0.00	$29.02	$43.53	$207.51	$85.67	$56.19			**$69.89**
		Outpatient	$13.50	$49.21	$145.13	$18.47	$51.95	$21.20	$52.31	$47.84	$64.58	$47.06			**$51.13**
		ER	$10.49	$18.10	$9.59	$8.25	$9.16	$9.47	$16.46	$11.81	$7.89	$16.44			**$11.77**
		Prof Svcs	$92.19	$115.21	$136.87	$121.59	$138.44	$122.66	$132.34	$180.67	$141.10	$128.37			**$130.94**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$88.78	$66.73	$56.46	$75.45	$73.35	$69.12	$67.07	$81.31	$91.73	$55.72			**$72.57**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$217.25**	**$415.22**	**$351.03**	**$249.66**	**$272.90**	**$251.46**	**$311.70**	**$529.14**	**$390.97**	**$303.79**			**$329.31**
	Total Premiums		**$407.36**	**$412.54**	**$410.64**	**$409.26**	**$412.70**	**$407.73**	**$411.13**	**$409.14**	**$409.93**	**$407.90**			**$409.83**
Benefit Package 097	**Employees**		**216**	**214**	**213**	**213**	**212**	**211**	**212**	**211**	**209**	**197**	**123**	**121**	**196**
	Members		**303**	**297**	**292**	**292**	**291**	**289**	**293**	**290**	**286**	**273**	**160**	**155**	**268**
	Claims	Inpatient	$392.86	$61.09	$19.26	$67.63	$63.02	$70.24	$50.64	$222.29	$41.85	$0.00	$0.00	$0.00	**$109.88**
		Outpatient	$42.19	$52.35	$31.12	$19.83	$180.26	$48.41	$23.53	$106.60	$37.03	$174.90	$35.11	$0.00	**$68.30**
		ER	$0.00	$18.03	$3.60	$34.47	$9.91	$2.24	$30.48	$19.71	$58.51	$14.03	$3.79	$9.43	**$18.57**
		Prof Svcs	$287.75	$263.13	$342.18	$276.55	$330.16	$170.47	$188.90	$290.49	$185.58	$176.89	$496.66	$200.96	**$267.48**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$68.95	$48.60	$58.43	$62.24	$54.00	$69.50	$56.36	$73.63	$78.63	$88.25	$60.62	$66.00	**$65.43**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$791.75**	**$443.20**	**$454.59**	**$460.72**	**$637.34**	**$360.87**	**$349.91**	**$712.72**	**$401.61**	**$454.08**	**$596.17**	**$276.39**	**$494.95**
	Total Premiums		**$523.84**	**$525.27**	**$526.30**	**$526.28**	**$525.86**	**$527.23**	**$526.27**	**$526.52**	**$528.69**	**$522.49**	**$636.47**	**$643.01**	**$544.85**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 098	**Employees**		**335**	**338**	**340**	**341**	**340**	**345**	**345**	**347**	**347**	**379**	**347**	**361**	**347**
	Members		**801**	**808**	**812**	**819**	**815**	**823**	**821**	**829**	**825**	**894**	**824**	**851**	**827**
	Claims	Inpatient	$23.56	$26.65	$22.30	$29.78	$75.58	$28.32	$24.81	$1.89	$12.58	$8.27	$33.99	$22.40	**$25.85**
		Outpatient	$11.80	$19.48	$55.98	$62.27	$47.36	$35.03	$10.46	$8.36	$15.32	$26.39	$39.28	$36.36	**$30.67**
		ER	$17.39	$2.97	$7.23	$5.43	$4.32	$3.36	$7.79	$15.85	$5.01	$12.63	$21.58	$15.84	**$9.95**
		Prof Svcs	$46.27	$42.02	$115.67	$79.96	$120.95	$95.15	$113.09	$140.33	$97.73	$141.97	$190.05	$134.92	**$109.84**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$47.13	$31.84	$34.04	$32.14	$39.41	$34.03	$30.11	$43.54	$40.94	$42.93	$38.57	$43.01	**$38.14**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$146.15**	**$122.97**	**$235.22**	**$209.57**	**$287.62**	**$195.90**	**$186.25**	**$209.98**	**$171.59**	**$232.18**	**$323.47**	**$252.53**	**$214.45**
	Total Premiums		**$178.12**	**$177.93**	**$177.55**	**$176.77**	**$176.88**	**$175.94**	**$177.25**	**$175.73**	**$177.23**	**$177.46**	**$212.29**	**$211.21**	**$182.86**
Benefit Package 099	**Employees**		**14**	**15**	**14**	**14**	**14**	**14**	**14**	**14**	**12**	**15**			**14**
	Members		**35**	**38**	**36**	**36**	**36**	**36**	**36**	**36**	**32**	**37**			**36**
	Claims	Inpatient	$0.00	$56.11	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$56.11**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$8.94	$9.99	$0.22	$0.00	$38.44	$0.00	$0.52	$0.00	$0.00	$0.00			**$11.62**
		Prof Svcs	$9.33	$61.27	$1.84	$0.00	$4.59	$15.69	$33.59	$20.78	$19.97	$52.16			**$24.36**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.86	$0.00	$0.00	$0.00	$0.13	$0.09	$0.09	$7.16	$4.50	$8.08			**$2.99**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$19.13**	**$127.36**	**$2.06**	**$0.00**	**$43.15**	**$15.78**	**$34.20**	**$27.94**	**$24.47**	**$60.25**			**$39.37**
	Total Premiums		**$165.98**	**$177.85**	**$165.57**	**$165.57**	**$165.57**	**$165.57**	**$165.57**	**$165.57**	**$154.06**	**$154.81**			**$164.61**
Benefit Package 100	**Employees**		**18**	**18**	**18**	**18**	**18**	**18**	**18**	**19**	**19**	**23**	**26**	**27**	**20**
	Members		**49**	**49**	**49**	**49**	**49**	**49**	**49**	**52**	**52**	**71**	**82**	**86**	**57**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$51.52	$0.00	$0.00	$0.00	$0.00	**$51.52**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$51.91	$0.00	$9.55	$0.00	$0.00	$0.00	$0.00	**$30.73**
		Prof Svcs	$3.57	$28.37	$3.37	$11.39	$24.54	$47.02	$17.47	$85.19	$9.24	$34.21	$19.64	$10.80	**$24.57**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$1.84	$0.87	$1.69	$0.52	$0.37	$5.66	$1.43	$2.08	$1.48	$0.39	$1.11	$0.73	**$1.51**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$5.41**	**$29.24**	**$5.07**	**$11.91**	**$24.92**	**$104.60**	**$18.90**	**$148.33**	**$10.72**	**$34.60**	**$20.74**	**$11.53**	**$35.50**
	Total Premiums		**$165.86**	**$165.86**	**$165.86**	**$165.86**	**$165.86**	**$165.86**	**$165.86**	**$156.29**	**$167.56**	**$151.91**	**$169.45**	**$161.57**	**$163.98**
Benefit Package 104	**Employees**		**260**	**260**	**263**	**264**	**268**	**269**	**271**	**275**	**273**	**300**			**270**
	Members		**664**	**667**	**669**	**672**	**677**	**677**	**677**	**695**	**692**	**769**			**686**
	Claims	Inpatient	$74.52	$1.83	$2.41	$12.92	$39.29	$9.36	$52.10	$18.04	$25.57	$15.80			**$25.18**
		Outpatient	$5.62	$61.22	$33.79	$60.47	$48.21	$17.47	$4.40	$19.71	$21.16	$7.94			**$28.00**
		ER	$6.61	$11.01	$10.38	$6.92	$11.46	$3.35	$4.62	$23.35	$1.19	$25.92			**$10.48**
		Prof Svcs	$44.60	$57.06	$57.47	$44.21	$60.94	$56.73	$74.75	$78.39	$53.22	$44.02			**$57.14**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$56.37	$37.00	$41.36	$24.06	$43.35	$45.91	$26.42	$54.81	$37.79	$44.19			**$41.13**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$187.73**	**$168.12**	**$145.41**	**$148.58**	**$203.25**	**$132.83**	**$162.29**	**$194.30**	**$138.93**	**$137.88**			**$161.93**
	Total Premiums		**$213.52**	**$210.58**	**$212.91**	**$212.62**	**$212.96**	**$213.21**	**$213.45**	**$213.86**	**$213.12**	**$210.98**			**$212.72**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 108	**Employees**		**241**	**238**	**237**	**236**	**233**	**233**	**230**	**228**	**225**	**219**			**232**
	Members		**359**	**356**	**353**	**348**	**342**	**343**	**336**	**330**	**325**	**322**			**341**
	Claims	Inpatient	$508.23	$13.17	$150.60	$12.29	$13.72	$0.00	$83.04	$233.67	$0.07	$359.76			**$152.73**
		Outpatient	$163.87	$104.63	$81.75	$70.04	$23.68	$6.36	$0.00	$164.31	$108.04	$58.07			**$86.75**
		ER	$41.97	$42.92	$21.23	$58.77	$18.59	$12.06	$10.38	$60.69	$39.70	$24.27			**$33.06**
		Prof Svcs	$211.26	$224.14	$263.24	$243.02	$279.32	$206.34	$264.01	$276.02	$225.57	$278.96			**$247.19**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$154.21	$140.21	$120.28	$105.90	$137.31	$124.02	$128.43	$176.07	$161.43	$130.86			**$137.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,079.53**	**$525.07**	**$637.09**	**$490.01**	**$472.62**	**$348.78**	**$485.86**	**$910.76**	**$534.80**	**$851.92**			**$633.65**
	Total Premiums		**$611.17**	**$603.91**	**$602.43**	**$612.57**	**$613.81**	**$615.05**	**$613.55**	**$620.76**	**$620.30**	**$616.41**			**$613.00**
Benefit Package 110	**Employees**		**143**	**139**	**141**	**140**	**134**	**141**	**143**	**141**	**141**	**142**			**141**
	Members		**201**	**198**	**200**	**199**	**191**	**199**	**200**	**195**	**195**	**199**			**198**
	Claims	Inpatient	$168.70	$55.95	$0.00	$177.81	$109.59	$126.24	$0.00	$237.10	$212.09	$207.53			**$161.88**
		Outpatient	$29.38	$4.15	$44.85	$122.55	$1.09	$51.16	$5.55	$161.58	$97.94	$109.30			**$62.75**
		ER	$17.25	$6.96	$6.64	$44.75	$6.00	$4.25	$7.58	$32.74	$1.69	$4.02			**$13.19**
		Prof Svcs	$238.11	$206.63	$221.22	$188.58	$235.04	$193.12	$158.47	$270.58	$215.03	$275.91			**$220.27**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$77.51	$75.93	$91.83	$65.05	$54.14	$53.75	$77.29	$59.92	$72.77	$62.67			**$69.09**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$530.95**	**$349.62**	**$364.54**	**$598.73**	**$405.86**	**$428.53**	**$248.89**	**$761.91**	**$599.52**	**$659.44**			**$494.80**
	Total Premiums		**$518.12**	**$511.79**	**$514.53**	**$514.02**	**$532.85**	**$495.71**	**$520.71**	**$520.72**	**$520.72**	**$510.44**			**$515.96**
Benefit Package 111	**Employees**		**265**	**265**	**265**	**263**	**263**	**264**	**262**	**276**	**273**	**261**			**266**
	Members		**385**	**381**	**381**	**379**	**375**	**380**	**376**	**405**	**388**	**371**			**382**
	Claims	Inpatient	$47.65	$0.00	$147.59	$209.81	$46.78	$97.43	$20.98	$972.75	$3.05	$0.00			**$193.26**
		Outpatient	$19.27	$175.92	$163.13	$351.55	$51.26	$0.00	$92.76	$69.48	$0.00	$110.28			**$129.21**
		ER	$33.61	$15.46	$10.26	$2.73	$44.48	$3.63	$36.06	$10.37	$20.37	$30.72			**$20.77**
		Prof Svcs	$302.04	$131.81	$296.31	$150.08	$303.71	$191.81	$235.28	$259.42	$129.29	$196.83			**$219.66**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$72.67	$45.61	$53.09	$59.80	$57.64	$58.16	$56.26	$62.46	$81.93	$65.81			**$61.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$475.25**	**$368.79**	**$670.36**	**$773.97**	**$503.87**	**$351.03**	**$441.34**	**$1,374.48**	**$234.65**	**$403.64**			**$559.74**
	Total Premiums		**$468.99**	**$467.59**	**$469.91**	**$469.38**	**$471.44**	**$468.82**	**$468.24**	**$462.63**	**$472.39**	**$485.49**			**$470.49**
Benefit Package 113	**Employees**		**35**	**38**	**35**	**35**	**35**	**35**	**35**	**33**	**33**	**33**			**35**
	Members		**42**	**55**	**42**	**41**	**41**	**41**	**41**	**39**	**39**	**38**			**42**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$218.54	$161.47	$208.75	$225.95	$237.42	$237.42	$237.42	$529.57	$69.82	$492.53			**$261.89**
		ER	$0.00	$31.41	$0.00	$72.79	$152.46	$70.11	$52.91	$0.00	$0.00	$0.00			**$75.94**
		Prof Svcs	$86.26	$48.26	$108.60	$112.35	$199.82	$213.76	$231.56	$425.44	$159.72	$180.39			**$176.61**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$86.05	$57.02	$66.81	$90.77	$199.50	$156.04	$220.53	$239.32	$208.06	$261.01			**$158.51**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$390.85**	**$298.17**	**$384.16**	**$501.87**	**$789.19**	**$677.32**	**$742.41**	**$1,194.32**	**$437.61**	**$933.93**			**$634.98**
	Total Premiums		**$577.24**	**$504.11**	**$577.24**	**$585.23**	**$584.49**	**$584.49**	**$584.49**	**$582.62**	**$582.62**	**$583.35**			**$574.59**

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Benefit Package 114	**Employees**		**406**	**402**	**401**	**401**	**399**	**399**	**402**	**399**	**396**	**379**			**398**
	Members		**645**	**630**	**631**	**638**	**634**	**632**	**640**	**632**	**628**	**606**			**632**
	Claims	Inpatient	$17.70	$147.66	$123.81	$12.82	$154.25	$164.32	$3.29	$280.09	$135.06	$177.14			**$121.61**
		Outpatient	$29.02	$1.06	$95.33	$53.41	$76.96	$70.94	$21.45	$143.80	$31.11	$39.05			**$56.21**
		ER	$11.23	$0.00	$12.01	$9.19	$40.01	$16.77	$28.70	$26.99	$33.93	$15.66			**$21.61**
		Prof Svcs	$165.76	$148.92	$203.72	$254.17	$323.41	$177.07	$194.04	$298.72	$213.51	$208.71			**$218.80**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$86.15	$103.09	$103.12	$104.98	$78.62	$75.23	$80.19	$88.77	$103.55	$102.05			**$92.58**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$309.87**	**$400.73**	**$538.00**	**$434.56**	**$673.25**	**$504.32**	**$327.68**	**$838.37**	**$517.16**	**$542.61**			**$508.65**
	Total Premiums		**$510.41**	**$514.71**	**$520.94**	**$503.18**	**$510.31**	**$511.92**	**$509.11**	**$515.24**	**$512.06**	**$509.80**			**$511.77**
Benefit Package 115	**Employees**		**22**	**22**	**22**	**22**	**22**	**23**	**21**	**22**	**22**	**21**			**22**
	Members		**27**	**27**	**27**	**27**	**27**	**28**	**26**	**27**	**27**	**26**			**27**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$127.84	$0.00	$0.00	$0.00	$0.00	$0.00			**$127.84**
		Outpatient	$765.49	$1,428.91	$1,610.10	$489.44	$1,728.03	$802.32	$463.20	$433.36	$1,586.73	$473.05			**$978.06**
		ER	$0.00	$444.81	$33.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$239.03**
		Prof Svcs	$347.26	$637.42	$461.37	$463.92	$238.35	$282.98	$152.08	$306.99	$196.22	$372.84			**$345.94**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$145.65	$105.50	$697.87	$100.96	$483.00	$278.49	$73.25	$75.78	$362.50	$294.46			**$261.74**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,258.41**	**$2,616.65**	**$2,802.58**	**$1,054.31**	**$2,577.22**	**$1,363.78**	**$688.53**	**$816.13**	**$2,145.45**	**$1,140.34**			**$1,646.34**
	Total Premiums		**$604.96**	**$604.96**	**$604.96**	**$604.96**	**$604.96**	**$583.35**	**$628.23**	**$604.96**	**$604.96**	**$603.23**			**$604.95**
Benefit Package 116	**Employees**		**364**	**349**	**357**	**355**	**358**	**356**	**357**	**354**	**355**	**341**			**355**
	Members		**560**	**541**	**551**	**549**	**549**	**544**	**544**	**540**	**543**	**529**			**545**
	Claims	Inpatient	$1,421.08	$193.10	$40.07	$55.19	$0.00	$93.94	$698.31	$171.03	$302.75	$52.72			**$336.47**
		Outpatient	$207.52	$31.16	$204.74	$196.00	$261.87	$186.55	$189.29	$349.62	$109.74	$126.72			**$186.32**
		ER	$19.86	$38.22	$12.16	$83.61	$18.03	$38.64	$15.57	$27.10	$40.49	$35.59			**$32.93**
		Prof Svcs	$174.42	$200.89	$259.09	$223.57	$248.71	$243.19	$290.30	$354.33	$240.78	$285.93			**$252.12**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$125.77	$84.74	$127.04	$97.36	$122.17	$132.44	$124.03	$158.88	$170.70	$112.84			**$125.60**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$1,948.66**	**$548.11**	**$643.10**	**$655.73**	**$650.78**	**$694.75**	**$1,317.50**	**$1,060.96**	**$864.45**	**$613.79**			**$899.78**
	Total Premiums		**$530.50**	**$547.17**	**$532.36**	**$535.46**	**$532.24**	**$547.40**	**$536.87**	**$539.53**	**$538.77**	**$533.37**			**$537.37**
Benefit Package 121	**Employees**		**375**	**374**	**372**	**372**	**371**	**372**	**373**	**372**	**372**	**0**			**373**
	Members		**578**	**575**	**571**	**570**	**569**	**570**	**567**	**566**	**565**	**1**			**513**
	Claims	Inpatient	$410.03	$380.08	$317.33	$164.32	$133.72	$406.28	$141.37	$153.65	$87.73	$56,537.89			**$5,873.24**
		Outpatient	$47.91	$109.13	$51.93	$104.60	$196.14	$257.47	$92.06	$156.68	$62.60	$78,598.93			**$7,967.74**
		ER	$37.04	$5.45	$28.05	$18.84	$20.63	$11.48	$8.07	$14.41	$6.59	$4,411.28			**$456.18**
		Prof Svcs	$201.83	$195.27	$266.12	$226.36	$302.25	$327.28	$272.64	$414.28	$236.76	$111,945.11			**$11,438.79**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$104.18	$80.58	$91.27	$63.42	$90.05	$104.02	$76.69	$107.11	$119.35	$1,331.88			**$216.86**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$800.98**	**$770.51**	**$754.69**	**$577.54**	**$742.79**	**$1,106.53**	**$590.83**	**$846.13**	**$513.02**	**$252,825.09**			**$25,952.81**
	Total Premiums		**$538.72**	**$542.09**	**$540.88**	**$538.96**	**$542.19**	**$540.76**	**$543.25**	**$542.44**	**$543.40**	**$0.00**			**$541.41**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 122	**Employees**		**290**	**289**	**289**	**288**	**288**	**286**	**287**	**286**	**286**	**0**			**288**
	Members		**483**	**483**	**483**	**481**	**481**	**478**	**476**	**469**	**469**	**1**			**430**
	Claims	Inpatient	$201.47	$33.56	$148.06	$8.11	$61.87	$11.16	$130.03	$16.29	$143.33	$210,532.20			**$21,128.61**
		Outpatient	$95.93	$8.48	$2.99	$59.47	$86.95	$44.36	$32.04	$60.65	$58.00	$31,396.56			**$3,184.54**
		ER	$1.45	$4.64	$19.39	$13.50	$4.22	$5.31	$1.38	$26.27	$5.77	$3,255.37			**$333.73**
		Prof Svcs	$168.14	$121.54	$214.34	$205.46	$179.51	$183.53	$181.39	$229.61	$227.20	$45,988.31			**$4,769.90**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$77.08	$51.89	$67.39	$72.11	$74.39	$57.08	$64.23	$73.39	$98.76	$1,543.99			**$218.03**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$544.07**	**$220.11**	**$452.17**	**$358.64**	**$406.94**	**$301.44**	**$409.07**	**$406.21**	**$533.06**	**$292,716.43**			**$29,634.81**
	Total Premiums		**$418.53**	**$416.34**	**$420.60**	**$419.00**	**$419.44**	**$420.38**	**$419.67**	**$420.91**	**$420.91**	**$0.00**			**$419.53**
Benefit Package 123	**Employees**		**12**	**13**	**13**	**14**	**14**	**14**	**14**	**14**	**14**	**0**			**14**
	Members		**30**	**32**	**32**	**35**	**35**	**34**	**32**	**33**	**33**	**0**			**33**
	Claims	Inpatient	$0.00	$0.00	$177.52	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$177.52**
		Outpatient	$0.00	$0.00	$49.51	$160.95	$0.00	$0.00	$0.00	$0.00	$96.32	$0.00			**$102.26**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$33.91	$0.00			**$33.91**
		Prof Svcs	$13.20	$5.53	$21.24	$46.85	$112.08	$95.84	$20.40	$176.70	$87.06	$0.00			**$64.32**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$7.19	$0.59	$0.28	$0.54	$4.06	$3.63	$5.89	$6.68	$18.12	$0.00			**$5.22**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$20.39**	**$6.12**	**$248.56**	**$208.34**	**$116.14**	**$99.47**	**$26.29**	**$183.38**	**$235.40**	**$0.00**			**$127.12**
	Total Premiums		**$262.19**	**$256.82**	**$256.82**	**$248.88**	**$248.88**	**$245.47**	**$240.05**	**$242.84**	**$242.84**	**$0.00**			**$249.42**
Benefit Package 127	**Employees**		**18**	**18**	**18**	**18**	**19**	**19**	**19**	**19**	**19**	**27**			**19**
	Members		**55**	**55**	**55**	**55**	**59**	**59**	**60**	**60**	**60**	**86**			**60**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$74.50	$0.00	$0.00	$68.94	$0.00	$0.00			**$71.72**
		Outpatient	$0.00	$0.00	$0.00	$0.22	$58.02	$6.36	$3.13	$3.61	$0.00	$0.00			**$14.27**
		ER	$0.00	$0.00	$0.00	$0.00	$7.83	$0.00	$0.00	$12.12	$13.30	$12.91			**$11.54**
		Prof Svcs	$50.62	$41.93	$32.77	$76.54	$65.47	$28.09	$87.76	$95.95	$126.21	$71.71			**$67.71**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$58.66	$76.59	$55.51	$71.18	$97.50	$59.70	$73.38	$147.46	$90.02	$64.54			**$79.45**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$109.28**	**$118.52**	**$88.28**	**$147.93**	**$303.32**	**$94.15**	**$164.27**	**$328.08**	**$229.53**	**$149.16**			**$173.25**
	Total Premiums		**$194.44**	**$194.44**	**$194.44**	**$194.44**	**$193.99**	**$193.99**	**$165.71**	**$215.80**	**$190.76**	**$179.68**			**$191.77**
Benefit Package 128	**Employees**		**211**	**211**	**212**	**209**	**210**	**209**	**210**	**213**	**212**	**215**			**211**
	Members		**612**	**612**	**611**	**606**	**606**	**605**	**606**	**617**	**615**	**611**			**610**
	Claims	Inpatient	$99.18	$67.54	$38.81	$0.33	$0.00	$308.21	$0.00	$34.45	$16.54	$19.22			**$73.04**
		Outpatient	$50.77	$114.57	$105.94	$103.32	$212.98	$83.26	$47.25	$135.56	$73.34	$35.66			**$96.26**
		ER	$3.07	$2.17	$2.05	$4.19	$9.97	$3.41	$3.30	$18.10	$19.36	$19.54			**$8.51**
		Prof Svcs	$89.64	$76.91	$136.49	$80.55	$146.39	$83.44	$86.81	$132.14	$85.83	$96.84			**$101.50**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$45.59	$40.08	$43.67	$40.27	$36.87	$43.33	$35.49	$51.70	$54.83	$56.07			**$44.79**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$288.25**	**$301.28**	**$326.96**	**$228.67**	**$406.21**	**$521.65**	**$172.85**	**$371.95**	**$249.90**	**$227.33**			**$309.50**
	Total Premiums		**$269.25**	**$268.64**	**$268.76**	**$267.04**	**$267.77**	**$267.20**	**$267.49**	**$266.72**	**$266.55**	**$267.44**			**$267.69**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 129	**Employees**		**641**	**639**	**636**	**636**	**634**	**638**	**640**	**641**	**639**	**612**			**636**
	Members		**1,080**	**1,081**	**1,074**	**1,073**	**1,070**	**1,077**	**1,073**	**1,076**	**1,071**	**1,034**			**1,071**
	Claims	Inpatient	$159.35	$220.73	$181.67	$208.97	$33.61	$34.93	$58.07	$185.22	$12.10	$23.19			**$111.78**
		Outpatient	$77.29	$95.60	$68.21	$75.66	$34.70	$69.18	$81.23	$113.36	$74.50	$59.31			**$74.90**
		ER	$20.50	$10.01	$8.31	$4.82	$8.91	$4.98	$7.94	$17.05	$7.10	$24.14			**$11.38**
		Prof Svcs	$136.91	$177.24	$197.39	$147.93	$169.53	$163.91	$147.57	$220.76	$176.33	$167.05			**$170.46**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$76.12	$76.94	$69.40	$58.07	$81.13	$73.10	$64.36	$93.03	$87.65	$85.79			**$76.56**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$470.17**	**$580.53**	**$524.98**	**$495.46**	**$327.87**	**$346.11**	**$359.17**	**$629.42**	**$357.68**	**$359.49**			**$445.09**
	Total Premiums		**$451.93**	**$450.29**	**$450.55**	**$451.01**	**$450.30**	**$450.25**	**$449.78**	**$449.11**	**$449.59**	**$446.84**			**$449.96**
Benefit Package 130	**Employees**		**438**	**436**	**435**	**433**	**434**	**433**	**428**	**426**	**426**	**439**			**433**
	Members		**982**	**986**	**985**	**978**	**983**	**982**	**974**	**979**	**981**	**991**			**982**
	Claims	Inpatient	$24.73	$37.64	$238.51	$113.47	$100.83	$85.83	$25.79	$78.67	$109.98	$66.46			**$88.19**
		Outpatient	$54.18	$43.12	$25.70	$21.92	$44.50	$86.90	$80.66	$101.78	$40.90	$45.18			**$54.48**
		ER	$7.20	$3.65	$8.73	$11.82	$7.00	$12.72	$11.17	$4.61	$6.66	$5.29			**$7.88**
		Prof Svcs	$115.56	$134.13	$169.07	$145.96	$124.40	$106.91	$105.69	$188.23	$116.01	$107.92			**$131.39**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$45.01	$38.30	$34.78	$31.87	$39.65	$30.19	$41.49	$51.56	$50.11	$42.29			**$40.52**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$246.68**	**$256.85**	**$476.80**	**$325.05**	**$316.36**	**$322.54**	**$264.80**	**$424.85**	**$323.66**	**$267.14**			**$322.47**
	Total Premiums		**$336.24**	**$333.32**	**$333.06**	**$334.31**	**$333.40**	**$332.70**	**$331.88**	**$330.69**	**$329.49**	**$332.81**			**$332.79**
Benefit Package 131	**Employees**		**8**	**8**	**8**	**8**	**8**	**8**	**8**	**8**	**9**	**13**	**21**	**22**	**11**
	Members		**37**	**37**	**37**	**37**	**37**	**37**	**37**	**37**	**40**	**54**	**82**	**85**	**46**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$94.43	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$94.43**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$42.86	$106.53	$107.43	**$85.61**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11.70	$0.11	**$5.91**
		Prof Svcs	$16.55	$26.96	$17.06	$19.27	$45.00	$6.65	$45.34	$37.32	$22.45	$74.47	$132.39	$48.11	**$40.96**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$5.53	$0.87	$5.49	$4.34	$0.45	$0.55	$11.30	$4.98	$7.32	$10.61	$3.75	$8.91	**$5.34**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$22.08**	**$27.83**	**$22.55**	**$23.61**	**$45.45**	**$101.62**	**$56.64**	**$42.29**	**$29.78**	**$127.95**	**$254.37**	**$164.55**	**$76.56**
	Total Premiums		**$131.42**	**$131.42**	**$131.42**	**$131.42**	**$131.42**	**$131.42**	**$131.42**	**$131.42**	**$137.85**	**$148.49**	**$209.56**	**$212.35**	**$146.64**
Benefit Package 132	**Employees**		**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**8**	**7**			**9**
	Members		**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**15**	**10**			**19**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$19.08	$0.00	$0.00	$0.00	$141.53	$0.00	$0.00			**$80.30**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$21.62	$0.00	$0.00			**$21.62**
		Prof Svcs	$10.32	$11.14	$106.91	$12.25	$34.56	$20.33	$17.98	$110.25	$25.05	$20.52			**$36.93**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$1.35	$0.00	$0.00	$0.00	$0.83	$1.06	$1.17	$0.00	$5.60			**$2.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$10.32**	**$12.49**	**$106.91**	**$31.33**	**$34.56**	**$21.16**	**$19.04**	**$274.56**	**$25.05**	**$26.12**			**$56.15**
	Total Premiums		**$215.10**	**$215.10**	**$215.10**	**$215.10**	**$215.10**	**$215.10**	**$215.10**	**$215.10**	**$286.80**	**$430.19**			**$243.78**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 133	**Employees**		**179**	**176**	**180**	**180**	**180**	**183**	**182**	**183**	**185**	**182**			**181**
	Members		**334**	**321**	**333**	**331**	**336**	**336**	**335**	**340**	**348**	**341**			**336**
	Claims	Inpatient	$263.03	$33.23	$233.38	$68.07	$10.62	$0.00	$50.40	$29.11	$0.00	$2.51			**$86.29**
		Outpatient	$24.50	$71.86	$66.66	$51.78	$115.83	$138.60	$142.35	$62.33	$0.00	$16.91			**$76.76**
		ER	$9.39	$13.81	$26.22	$6.94	$1.60	$31.09	$0.24	$7.50	$23.96	$42.23			**$16.30**
		Prof Svcs	$182.07	$143.29	$165.85	$134.38	$189.07	$129.42	$138.09	$225.34	$115.15	$133.48			**$155.61**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$95.77	$101.75	$74.50	$74.93	$86.71	$75.65	$56.50	$102.81	$84.44	$105.59			**$85.87**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$574.76**	**$363.94**	**$566.62**	**$336.10**	**$403.84**	**$374.76**	**$387.57**	**$427.08**	**$223.55**	**$300.71**			**$395.89**
	Total Premiums		**$338.45**	**$348.04**	**$342.46**	**$343.38**	**$336.90**	**$345.25**	**$343.54**	**$340.21**	**$338.68**	**$346.35**			**$342.33**
Benefit Package 134	**Employees**		**61**	**61**	**63**	**66**	**65**	**65**	**65**	**57**	**64**	**62**			**63**
	Members		**138**	**138**	**141**	**146**	**145**	**145**	**145**	**122**	**143**	**141**			**140**
	Claims	Inpatient	$0.00	$0.00	$26.22	$0.00	$0.00	$0.00	$0.00	$33.00	$0.00	$22.16			**$27.12**
		Outpatient	$0.00	$0.00	$22.46	$0.00	$18.33	$0.00	$7.37	$24.67	$173.69	$49.89			**$49.40**
		ER	$0.00	$0.00	$6.33	$0.00	$69.81	$54.92	$15.10	$0.46	$0.66	$0.04			**$21.05**
		Prof Svcs	$22.17	$28.69	$126.44	$15.38	$30.40	$21.64	$33.84	$141.94	$69.35	$121.03			**$61.09**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$5.11	$2.67	$2.93	$2.98	$4.54	$6.18	$5.06	$14.01	$11.42	$65.87			**$12.08**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$27.28**	**$31.36**	**$184.38**	**$18.37**	**$123.09**	**$82.73**	**$61.37**	**$214.08**	**$255.12**	**$258.99**			**$125.68**
	Total Premiums		**$230.31**	**$230.31**	**$231.96**	**$231.80**	**$231.22**	**$231.22**	**$231.22**	**$251.20**	**$230.93**	**$230.64**			**$233.08**
Benefit Package 135	**Employees**		**236**	**230**	**235**	**233**	**234**	**234**	**234**	**235**	**234**	**228**			**233**
	Members		**490**	**476**	**487**	**488**	**485**	**486**	**486**	**486**	**488**	**471**			**484**
	Claims	Inpatient	$39.49	$129.37	$32.98	$0.00	$38.64	$0.00	$0.00	$0.00	$53.36	$44.26			**$56.35**
		Outpatient	$0.00	$31.20	$0.00	$14.17	$68.06	$133.60	$0.00	$185.84	$82.79	$29.42			**$77.87**
		ER	$15.86	$2.12	$8.27	$1.15	$0.83	$0.71	$0.00	$1.92	$7.73	$28.01			**$7.40**
		Prof Svcs	$47.36	$40.55	$60.75	$60.38	$43.45	$52.89	$63.30	$110.16	$80.25	$95.10			**$65.42**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$50.02	$34.38	$39.84	$38.55	$44.89	$38.00	$35.14	$54.61	$41.51	$45.01			**$42.20**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$152.73**	**$237.62**	**$141.84**	**$114.25**	**$195.87**	**$225.20**	**$98.45**	**$352.53**	**$265.65**	**$241.81**			**$202.59**
	Total Premiums		**$246.00**	**$239.99**	**$246.41**	**$239.89**	**$240.68**	**$240.77**	**$240.77**	**$241.43**	**$241.54**	**$242.24**			**$241.97**
Benefit Package 136	**Employees**		**27**	**36**	**28**	**28**	**28**	**28**	**28**	**25**	**26**	**27**			**28**
	Members		**42**	**56**	**44**	**42**	**43**	**43**	**43**	**40**	**41**	**42**			**44**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$164.85	$0.00	$0.00	$0.00	$0.00	$0.00			**$164.85**
		Outpatient	$98.78	$274.77	$0.00	$0.00	$0.00	$840.03	$0.00	$0.00	$0.00	$292.58			**$376.54**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$16.09	$0.00	$17.54	$0.00	$0.00			**$16.81**
		Prof Svcs	$42.17	$61.13	$65.68	$86.59	$156.76	$73.08	$109.92	$128.91	$85.98	$401.19			**$121.14**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$41.53	$18.43	$21.08	$15.92	$41.40	$40.63	$26.96	$49.03	$49.51	$15.47			**$32.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$182.48**	**$354.33**	**$86.76**	**$102.51**	**$363.01**	**$969.83**	**$136.87**	**$195.48**	**$135.49**	**$709.23**			**$323.60**
	Total Premiums		**$289.28**	**$279.96**	**$291.40**	**$304.33**	**$276.42**	**$290.31**	**$290.31**	**$287.08**	**$288.21**	**$289.28**			**$288.66**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 137	**Employees**		**119**	**119**	**117**	**117**	**117**	**117**	**120**	**118**	**118**	**122**			**118**
	Members		**352**	**342**	**344**	**344**	**345**	**346**	**355**	**348**	**349**	**356**			**348**
	Claims	Inpatient	$0.00	$1,216.78	$47.35	$35.76	$19.56	$28.79	$53.07	$0.00	$102.38	$26.61			**$191.29**
		Outpatient	$0.00	$75.67	$7.59	$13.77	$24.23	$117.80	$1.72	$98.55	$3.31	$4.58			**$38.58**
		ER	$0.00	$0.00	$4.04	$3.39	$21.16	$14.21	$27.71	$2.59	$0.00	$10.64			**$11.96**
		Prof Svcs	$21.26	$108.90	$92.75	$43.87	$88.27	$74.21	$54.11	$91.03	$68.16	$51.28			**$69.38**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$3.00	$2.28	$3.82	$4.92	$4.92	$7.87	$7.87	$12.47	$22.46	$19.84			**$8.95**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$24.26**	**$1,403.63**	**$155.56**	**$101.71**	**$158.14**	**$242.87**	**$144.48**	**$204.64**	**$196.31**	**$112.95**			**$274.45**
	Total Premiums		**$198.24**	**$201.80**	**$199.69**	**$200.06**	**$199.48**	**$198.90**	**$195.03**	**$201.71**	**$198.39**	**$198.34**			**$199.16**
Benefit Package 138	**Employees**		**6**	**6**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**8**			**7**
	Members		**17**	**17**	**21**	**21**	**21**	**21**	**21**	**21**	**21**	**23**			**20**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$76.19	$0.00	$0.00	$0.00	$0.00	$0.00			**$76.19**
		Prof Svcs	$0.00	$0.13	$37.26	$18.01	$49.86	$17.58	$12.06	$19.23	$14.65	$53.58			**$24.71**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
		Pharmacy	$0.00	$0.00	$0.95	$0.95	$0.95	$7.86	$7.71	$7.74	$7.74	$7.02			**$5.12**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00			**$0.00**
	Total Claims		**$0.00**	**$0.13**	**$38.20**	**$18.96**	**$127.00**	**$25.45**	**$19.77**	**$26.97**	**$22.39**	**$60.60**			**$37.72**
	Total Premiums		**$217.00**	**$217.00**	**$215.70**	**$215.70**	**$215.70**	**$215.70**	**$215.70**	**$215.70**	**$215.70**	**$215.95**			**$215.99**
Benefit Package 172	**Employees**											**343**	**344**	**343**	**343**
	Members											**637**	**637**	**634**	**636**
	Claims	Inpatient										$13.58	$83.77	$0.00	**$48.67**
		Outpatient										$131.88	$51.72	$102.81	**$95.47**
		ER										$9.22	$58.43	$6.68	**$24.78**
		Prof Svcs										$96.66	$91.52	$82.80	**$90.33**
		Other										$94.67	$87.62	$53.85	**$78.71**
		Pharmacy										$76.33	$78.16	$120.46	**$91.65**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$422.34**	**$451.22**	**$366.60**	**$413.39**
	Total Premiums											**$493.55**	**$494.33**	**$491.65**	**$493.18**
Benefit Package 173	**Employees**		**196**	**195**	**197**	**197**	**196**	**195**	**195**	**194**	**193**	**186**	**185**	**184**	**193**
	Members		**272**	**269**	**273**	**270**	**268**	**267**	**267**	**264**	**263**	**243**	**239**	**238**	**261**
	Claims	Inpatient	$34.44	$131.52	$0.00	$41.75	$245.59	$389.40	$55.75	$0.00	$0.00	$36.53	$115.54	$33.24	**$120.42**
		Outpatient	$27.78	$37.88	$26.30	$129.01	$80.70	$203.84	$82.39	$106.85	$3.84	$72.09	$93.36	$331.84	**$99.65**
		ER	$43.62	$16.96	$44.58	$19.18	$11.78	$23.27	$7.75	$29.80	$9.74	$38.98	$29.59	$52.43	**$27.30**
		Prof Svcs	$100.83	$86.68	$95.82	$150.13	$125.52	$189.22	$148.67	$173.38	$98.03	$164.11	$135.10	$114.47	**$131.83**
		Other	$37.35	$48.78	$52.93	$55.18	$60.74	$70.38	$68.20	$153.74	$160.94	$203.28	$310.35	$165.47	**$115.61**
		Pharmacy	$149.10	$91.21	$112.64	$198.09	$192.13	$202.03	$142.99	$127.54	$98.57	$115.43	$207.62	$136.77	**$147.84**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$393.12**	**$413.02**	**$332.28**	**$593.35**	**$716.44**	**$1,078.13**	**$505.75**	**$591.30**	**$371.13**	**$630.41**	**$891.57**	**$834.21**	**$612.56**
	Total Premiums		**$577.75**	**$579.78**	**$578.29**	**$582.69**	**$585.56**	**$585.43**	**$585.43**	**$587.44**	**$587.08**	**$678.34**	**$682.30**	**$682.54**	**$607.72**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 174	**Employees**												**307**	**306**	**307**
	Members												**657**	**650**	**654**
	Claims	Inpatient											$56.97	$0.00	**$56.97**
		Outpatient											$73.76	$19.13	**$46.45**
		ER											$11.63	$12.74	**$12.19**
		Prof Svcs											$24.91	$66.45	**$45.68**
		Other											$174.62	$154.46	**$164.54**
		Pharmacy											$39.01	$25.78	**$32.39**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$380.89**	**$278.57**	**$329.73**
	Total Premiums												**$446.76**	**$450.63**	**$448.70**
Benefit Package 175	**Employees**												**265**	**267**	**266**
	Members												**439**	**436**	**438**
	Claims	Inpatient											$47.66	$35.59	**$41.63**
		Outpatient											$7.41	$29.23	**$18.32**
		ER											$24.99	$51.95	**$38.47**
		Prof Svcs											$7.51	$18.43	**$12.97**
		Other											$176.79	$179.39	**$178.09**
		Pharmacy											$33.82	$49.39	**$41.60**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$298.19**	**$363.98**	**$331.08**
	Total Premiums												**$516.81**	**$533.86**	**$525.34**
Benefit Package 176	**Employees**												**270**	**268**	**269**
	Members												**535**	**533**	**534**
	Claims	Inpatient											$192.86	$173.96	**$183.41**
		Outpatient											$0.00	$40.02	**$40.02**
		ER											$26.04	$15.62	**$20.83**
		Prof Svcs											$34.72	$49.99	**$42.35**
		Other											$191.28	$176.93	**$184.11**
		Pharmacy											$57.36	$48.95	**$53.15**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$502.27**	**$505.47**	**$503.87**
	Total Premiums												**$508.05**	**$508.02**	**$508.03**
Benefit Package 177	**Employees**											**104**	**312**	**311**	**242**
	Members											**154**	**556**	**555**	**422**
	Claims	Inpatient										$0.00	$101.39	$97.28	**$99.34**
		Outpatient										$20.15	$28.58	$19.87	**$22.86**
		ER										$14.02	$19.38	$36.65	**$23.35**
		Prof Svcs										$29.57	$23.52	$32.24	**$28.44**
		Other										$154.09	$164.76	$199.84	**$172.90**
		Pharmacy										$52.47	$42.62	$65.26	**$53.45**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$270.30**	**$380.25**	**$451.15**	**$367.23**
	Total Premiums											**$551.29**	**$503.11**	**$495.21**	**$516.54**

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Benefit Package 178	**Employees**											**1**	**23**	**24**	**16**
	Members											**3**	**71**	**73**	**49**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$9.82	**$9.82**
		Prof Svcs										$0.00	$4.25	$43.73	**$23.99**
		Other										$0.00	$0.00	$2.96	**$2.96**
		Pharmacy										$0.00	$0.00	$0.25	**$0.25**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$0.00**	**$4.25**	**$56.75**	**$30.50**
	Total Premiums											**$303.67**	**$232.42**	**$235.93**	**$257.34**
Benefit Package 179	**Employees**												**20**	**19**	**20**
	Members												**26**	**25**	**26**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$17.78	$0.00	**$17.78**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$73.92	$53.69	**$63.81**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$55.50	$7.70	**$31.60**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$147.20**	**$61.39**	**$104.30**
	Total Premiums												**$541.87**	**$538.27**	**$540.07**
Benefit Package 180	**Employees**											**10**	**8**	**8**	**9**
	Members											**14**	**12**	**12**	**13**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$1.25	**$1.25**
		ER										$0.00	$0.00	$45.15	**$45.15**
		Prof Svcs										$96.89	$71.45	$153.98	**$107.44**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$54.06	$37.19	$45.30	**$45.52**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$150.95**	**$108.64**	**$245.68**	**$168.42**
	Total Premiums											**$967.85**	**$959.82**	**$959.82**	**$962.50**
Benefit Package 181	**Employees**											**7**	**6**	**6**	**6**
	Members											**9**	**8**	**8**	**8**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$1.78	**$1.78**
		ER										$0.00	$0.00	$45.18	**$45.18**
		Prof Svcs										$50.72	$273.74	$159.76	**$161.41**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$37.86	$8.91	$36.69	**$27.82**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$88.58**	**$282.65**	**$243.40**	**$204.88**
	Total Premiums											**$673.28**	**$655.63**	**$655.63**	**$661.51**

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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 182	**Employees**												**22,706**	**22,661**	**22,684**
	Members												**38,129**	**38,004**	**38,067**
	Claims	Inpatient											$93.87	$132.07	**$112.97**
		Outpatient											$133.68	$134.56	**$134.12**
		ER											$19.69	$15.76	**$17.73**
		Prof Svcs											$148.81	$160.67	**$154.74**
		Other											$7.94	$8.12	**$8.03**
		Pharmacy											$115.71	$119.88	**$117.80**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$519.71**	**$571.06**	**$545.39**
	Total Premiums												**$564.46**	**$564.86**	**$564.66**
Benefit Package 183	**Employees**												**14,047**	**14,097**	**14,072**
	Members												**27,015**	**27,061**	**27,038**
	Claims	Inpatient											$64.63	$57.26	**$60.94**
		Outpatient											$70.40	$90.11	**$80.26**
		ER											$14.35	$12.32	**$13.33**
		Prof Svcs											$93.80	$104.05	**$98.92**
		Other											$3.87	$3.55	**$3.71**
		Pharmacy											$69.89	$77.09	**$73.49**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$316.94**	**$344.36**	**$330.65**
	Total Premiums												**$470.39**	**$470.74**	**$470.56**
Benefit Package 184	**Employees**												**6,214**	**6,182**	**6,198**
	Members												**10,597**	**10,535**	**10,566**
	Claims	Inpatient											$164.79	$174.57	**$169.68**
		Outpatient											$155.31	$161.19	**$158.25**
		ER											$30.05	$28.02	**$29.03**
		Prof Svcs											$200.28	$227.08	**$213.68**
		Other											$5.68	$9.69	**$7.68**
		Pharmacy											$133.30	$147.61	**$140.45**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$689.41**	**$748.17**	**$718.79**
	Total Premiums												**$659.10**	**$659.26**	**$659.18**
Benefit Package 185	**Employees**		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**	**1**	**1**	**1**
	Members		**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**6**	**4**	**4**	**4**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$620.91	$0.00	$0.00	$0.00	$0.00	$0.00	**$620.91**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$3.90	$0.00	$0.00	$0.00	$0.00	$0.00	$143.60	$0.00	$8.65	$0.00	$0.00	$57.50	**$53.41**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$54.17	$0.00	$27.23	$37.36	$27.23	$56.05	**$40.41**
		Pharmacy	$26.69	$0.00	$28.81	$28.81	$0.00	$28.81	$0.00	$28.81	$15.00	$10.00	$8.75	$20.69	**$21.82**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$30.59**	**$0.00**	**$28.81**	**$28.81**	**$0.00**	**$28.81**	**$818.67**	**$28.81**	**$50.87**	**$47.36**	**$35.98**	**$134.24**	**$123.30**
	Total Premiums		**$273.69**	**$273.69**	**$273.69**	**$273.69**	**$273.69**	**$273.69**	**$273.69**	**$273.69**	**$273.69**	**$322.12**	**$304.41**	**$304.41**	**$282.85**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Experience Reports by Benefit Package — Per Member Per Month
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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 186	**Employees**		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**2**
	Members		**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**1**	**1**	**2**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Total Premiums		**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$262.84**	**$302.40**	**$302.40**	**$269.43**
Benefit Package 187	**Employees**												**52**	**54**	**53**
	Members												**125**	**132**	**129**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$4.09	**$4.09**
		Prof Svcs											$57.45	$79.48	**$68.46**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$54.32	$42.19	**$48.26**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$111.77**	**$125.75**	**$118.76**
	Total Premiums												**$333.23**	**$329.19**	**$331.21**
Benefit Package 188	**Employees**		**857**	**858**	**856**	**857**	**853**	**854**	**850**	**846**	**846**	**820**	**820**	**826**	**845**
	Members		**1,091**	**1,092**	**1,092**	**1,092**	**1,088**	**1,084**	**1,083**	**1,078**	**1,076**	**1,044**	**1,046**	**1,050**	**1,076**
	Claims	Inpatient	$32.85	$28.68	$51.51	$162.35	$184.92	$128.73	$63.70	$146.03	$55.80	$228.62	$63.58	$143.79	**$107.55**
		Outpatient	$13.32	$87.57	$119.56	$110.57	$148.47	$84.88	$114.31	$112.62	$65.10	$88.97	$67.42	$163.98	**$98.06**
		ER	$10.14	$6.61	$14.86	$13.63	$10.21	$12.94	$9.46	$21.59	$5.81	$12.12	$5.14	$7.37	**$10.82**
		Prof Svcs	$84.07	$203.56	$302.13	$243.71	$325.04	$230.80	$238.03	$355.88	$273.78	$286.14	$288.66	$260.30	**$257.68**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$133.33	$120.32	$105.60	$105.28	$146.66	$118.40	$118.90	$135.36	$138.04	$113.94	$112.81	$125.09	**$122.81**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$273.72**	**$446.74**	**$593.67**	**$635.54**	**$815.30**	**$575.74**	**$544.40**	**$771.47**	**$538.53**	**$729.80**	**$537.60**	**$700.53**	**$596.92**
	Total Premiums		**$51.57**	**$186.23**	**$378.12**	**$539.59**	**$583.41**	**$718.54**	**$509.29**	**$479.02**	**$670.19**	**$464.33**	**$666.02**	**$465.10**	**$475.95**
Benefit Package 189	**Employees**		**715**	**716**	**715**	**717**	**715**	**717**	**718**	**722**	**723**	**737**	**745**	**748**	**724**
	Members		**1,650**	**1,647**	**1,642**	**1,626**	**1,641**	**1,644**	**1,653**	**1,661**	**1,665**	**1,667**	**1,675**	**1,681**	**1,654**
	Claims	Inpatient	$0.00	$45.81	$11.12	$43.67	$52.40	$41.89	$30.76	$37.70	$14.14	$85.04	$216.57	$41.04	**$56.38**
		Outpatient	$12.89	$60.20	$78.60	$39.40	$146.31	$72.17	$72.79	$85.77	$42.04	$68.11	$56.20	$185.68	**$76.68**
		ER	$0.21	$3.38	$4.42	$10.26	$6.31	$2.89	$10.31	$6.30	$9.58	$6.90	$6.41	$3.82	**$5.90**
		Prof Svcs	$33.51	$84.49	$133.59	$114.24	$130.87	$120.42	$115.01	$160.09	$124.74	$127.41	$149.73	$96.76	**$115.91**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$44.73	$39.14	$44.44	$47.16	$47.37	$41.14	$47.56	$57.70	$62.55	$46.66	$46.68	$47.12	**$47.69**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$91.34**	**$233.03**	**$272.18**	**$254.72**	**$383.26**	**$278.51**	**$276.44**	**$347.55**	**$253.04**	**$334.13**	**$475.59**	**$374.42**	**$297.85**
	Total Premiums		**$28.45**	**$73.25**	**$223.26**	**$258.93**	**$234.17**	**$361.75**	**$264.60**	**$256.32**	**$309.17**	**$219.29**	**$315.29**	**$447.11**	**$249.30**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 190	**Employees**		**146**	**147**	**147**	**148**	**147**	**147**	**148**	**148**	**149**	**156**	**157**	**162**	**150**
	Members		**446**	**447**	**444**	**444**	**439**	**438**	**440**	**436**	**439**	**457**	**464**	**473**	**447**
	Claims	Inpatient	$32.29	$0.00	$0.00	$3.84	$4.87	$0.00	$0.00	$53.76	$0.39	$0.00	$18.21	$12.89	**$18.03**
		Outpatient	$1.72	$19.53	$34.55	$0.76	$27.02	$16.86	$2.52	$167.30	$1.40	$5.27	$5.60	$13.25	**$24.65**
		ER	$0.00	$3.30	$0.00	$0.25	$2.29	$3.72	$7.19	$3.67	$4.16	$2.71	$2.45	$1.11	**$3.08**
		Prof Svcs	$32.45	$73.25	$88.73	$86.26	$85.77	$67.16	$72.26	$134.61	$67.05	$104.67	$93.87	$105.78	**$84.32**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$24.86	$20.40	$18.09	$22.38	$26.70	$23.55	$16.44	$30.57	$27.35	$19.75	$25.90	$25.66	**$23.47**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$91.33**	**$116.48**	**$141.37**	**$113.50**	**$146.64**	**$111.29**	**$98.41**	**$389.92**	**$100.34**	**$132.39**	**$146.03**	**$158.69**	**$145.53**
	Total Premiums		**$21.34**	**$84.93**	**$119.05**	**$145.17**	**$114.09**	**$141.47**	**$109.42**	**$105.01**	**$368.69**	**$92.53**	**$133.16**	**$137.03**	**$130.99**
Benefit Package 191	**Employees**		**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**7**	**7**	**7**	**6**
	Members		**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**17**	**18**	**18**	**18**	**17**
	Claims	Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		ER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs	$30.14	$31.98	$4.67	$8.23	$21.90	$0.98	$22.15	$0.00	$57.77	$0.00	$5.00	$2.51	**$18.53**
		Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.35	$0.00	$0.00	$0.00	**$0.35**
		Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
	Total Claims		**$30.14**	**$31.98**	**$4.67**	**$8.23**	**$21.90**	**$0.98**	**$22.15**	**$0.00**	**$58.12**	**$0.00**	**$5.00**	**$2.51**	**$18.57**
	Total Premiums		**$23.17**	**$52.15**	**$55.15**	**$27.84**	**$31.39**	**$44.93**	**$24.15**	**$45.33**	**$23.17**	**$80.09**	**$25.53**	**$30.42**	**$38.61**
Benefit Package 192	**Employees**												**190**	**190**	**190**
	Members												**555**	**552**	**554**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.49	$5.20	**$2.85**
		ER											$3.51	$0.00	**$3.51**
		Prof Svcs											$22.35	$37.29	**$29.82**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$18.57	$28.81	**$23.69**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$44.92**	**$71.30**	**$58.11**
	Total Premiums												**$234.77**	**$235.57**	**$235.17**
Benefit Package 193	**Employees**												**11**	**12**	**12**
	Members												**32**	**33**	**33**
	Claims	Inpatient											$0.00	$925.68	**$925.68**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$3.28	$244.72	**$124.00**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$5.59	$25.10	**$15.34**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$8.88**	**$1,195.50**	**$602.19**
	Total Premiums												**$250.31**	**$242.72**	**$246.51**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 194	**Employees**												**263**	**266**	**265**
	Members												**559**	**568**	**564**
	Claims	Inpatient											$0.00	$15.42	**$15.42**
		Outpatient											$6.77	$36.67	**$21.72**
		ER											$0.00	$6.26	**$6.26**
		Prof Svcs											$30.17	$64.80	**$47.49**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$79.07	$77.26	**$78.17**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$116.01**	**$200.42**	**$158.22**
	Total Premiums												**$276.11**	**$287.07**	**$281.59**
Benefit Package 195	**Employees**												**38**	**34**	**36**
	Members												**65**	**49**	**57**
	Claims	Inpatient											$0.00	$265.47	**$265.47**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$49.09	$88.75	**$68.92**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$54.17	$68.31	**$61.24**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$103.27**	**$422.53**	**$262.90**
	Total Premiums												**$305.30**	**$365.53**	**$335.42**
Benefit Package 196	**Employees**												**25**	**25**	**25**
	Members												**25**	**25**	**25**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$90.10	$121.54	**$105.82**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$254.69	$259.61	**$257.15**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$344.78**	**$381.15**	**$362.97**
	Total Premiums												**$729.96**	**$729.96**	**$729.96**
Benefit Package 197	**Employees**												**314**	**313**	**314**
	Members												**416**	**415**	**416**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$74.17	**$74.17**
		ER											$12.40	$0.00	**$12.40**
		Prof Svcs											$88.80	$175.00	**$131.90**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$86.05	$96.92	**$91.49**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$187.25**	**$346.10**	**$266.67**
	Total Premiums												**$638.40**	**$641.85**	**$640.13**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 198	**Employees**												**17**	**19**	**18**
	Members												**18**	**20**	**19**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$657.63	$1,125.35	**$891.49**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$179.27	$130.10	**$154.68**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$57.67	$432.78	**$245.23**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$894.57**	**$1,688.23**	**$1,291.40**
	Total Premiums												**$759.49**	**$721.75**	**$740.62**
Benefit Package 199	**Employees**												**262**	**261**	**262**
	Members												**326**	**320**	**323**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$25.66	$130.19	**$77.92**
		ER											$14.77	$57.10	**$35.93**
		Prof Svcs											$108.01	$266.86	**$187.43**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$208.18	$144.88	**$176.53**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$356.61**	**$599.02**	**$477.81**
	Total Premiums												**$684.21**	**$689.50**	**$686.85**
Benefit Package 200	**Employees**												**251**	**246**	**249**
	Members												**415**	**403**	**409**
	Claims	Inpatient											$17.89	$57.25	**$37.57**
		Outpatient											$25.71	$18.37	**$22.04**
		ER											$5.31	$11.70	**$8.51**
		Prof Svcs											$58.89	$106.26	**$82.57**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$57.26	$60.03	**$58.65**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$165.06**	**$253.61**	**$209.34**
	Total Premiums												**$473.65**	**$468.55**	**$471.10**
Benefit Package 201	**Employees**												**200**	**198**	**199**
	Members												**351**	**348**	**350**
	Claims	Inpatient											$15.99	$11.20	**$13.60**
		Outpatient											$2.39	$28.12	**$15.26**
		ER											$29.98	$19.44	**$24.71**
		Prof Svcs											$68.27	$133.22	**$100.75**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$79.61	$86.79	**$83.20**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$196.24**	**$278.78**	**$237.51**
	Total Premiums												**$430.49**	**$426.54**	**$428.51**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 202	**Employees**												**114**	**115**	**115**
	Members												**266**	**266**	**266**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$1.18	$0.00	**$1.18**
		ER											$3.91	$0.00	**$3.91**
		Prof Svcs											$46.60	$80.12	**$63.36**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$47.09	$41.64	**$44.36**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$98.78**	**$121.76**	**$110.27**
	Total Premiums												**$280.31**	**$285.34**	**$282.83**
Benefit Package 203	**Employees**												**166**	**162**	**164**
	Members												**237**	**231**	**234**
	Claims	Inpatient											$10.78	$139.17	**$74.97**
		Outpatient											$3.07	$64.65	**$33.86**
		ER											$17.72	$83.28	**$50.50**
		Prof Svcs											$163.65	$245.18	**$204.42**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$113.18	$114.78	**$113.98**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$308.40**	**$647.04**	**$477.72**
	Total Premiums												**$579.88**	**$565.36**	**$572.62**
Benefit Package 204	**Employees**												**98**	**96**	**97**
	Members												**140**	**138**	**139**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$33.43	**$33.43**
		Prof Svcs											$68.92	$156.61	**$112.76**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$228.55	$81.04	**$154.79**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$297.47**	**$271.08**	**$284.27**
	Total Premiums												**$639.37**	**$620.85**	**$630.11**
Benefit Package 205	**Employees**												**1,290**	**1,286**	**1,288**
	Members												**2,452**	**2,428**	**2,440**
	Claims	Inpatient											$0.00	$37.72	**$37.72**
		Outpatient											$11.33	$93.35	**$52.34**
		ER											$7.19	$7.55	**$7.37**
		Prof Svcs											$60.39	$98.96	**$79.68**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$54.93	$59.44	**$57.18**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$133.83**	**$297.01**	**$215.42**
	Total Premiums												**$391.10**	**$353.88**	**$372.49**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 206	**Employees**												**404**	**411**	**408**
	Members												**1,054**	**1,056**	**1,055**
	Claims	Inpatient											$0.00	$35.70	**$35.70**
		Outpatient											$10.52	$24.68	**$17.60**
		ER											$2.99	$5.29	**$4.14**
		Prof Svcs											$29.43	$50.73	**$40.08**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$43.07	$33.44	**$38.25**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$86.00**	**$149.84**	**$117.92**
	Total Premiums												**$234.79**	**$222.15**	**$228.47**
Benefit Package 207	**Employees**												**85**	**87**	**86**
	Members												**194**	**197**	**196**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$25.60	$27.58	**$26.59**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$2.23	$6.04	**$4.14**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$27.83**	**$33.62**	**$30.73**
	Total Premiums												**$239.32**	**$238.58**	**$238.95**
Benefit Package 208	**Employees**												**36**	**37**	**37**
	Members												**79**	**80**	**80**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$17.97	**$17.97**
		Prof Svcs											$29.09	$30.01	**$29.55**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$8.89	$14.01	**$11.45**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$37.98**	**$61.99**	**$49.98**
	Total Premiums												**$294.37**	**$392.46**	**$343.41**
Benefit Package 209	**Employees**												**312**	**309**	**311**
	Members												**404**	**399**	**402**
	Claims	Inpatient											$0.00	$191.83	**$191.83**
		Outpatient											$21.22	$84.79	**$53.01**
		ER											$10.72	$24.38	**$17.55**
		Prof Svcs											$112.80	$216.37	**$164.59**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$104.44	$109.23	**$106.83**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$249.19**	**$626.60**	**$437.90**
	Total Premiums												**$632.19**	**$635.04**	**$633.62**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 210	**Employees**												**130**	**129**	**130**
	Members												**219**	**217**	**218**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$1.19	$2.95	**$2.07**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$43.43	$69.08	**$56.26**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$42.76	$36.43	**$39.60**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$87.39**	**$108.47**	**$97.93**
	Total Premiums												**$381.12**	**$391.48**	**$386.30**
Benefit Package 211	**Employees**												**110**	**109**	**110**
	Members												**145**	**144**	**145**
	Claims	Inpatient											$29.37	$0.00	**$29.37**
		Outpatient											$0.75	$302.17	**$151.46**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$79.15	$127.28	**$103.22**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$42.30	$86.11	**$64.20**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$151.57**	**$515.56**	**$333.56**
	Total Premiums												**$467.69**	**$463.20**	**$465.44**
Benefit Package 212	**Employees**												**51**	**52**	**52**
	Members												**65**	**66**	**66**
	Claims	Inpatient											$0.00	$193.39	**$193.39**
		Outpatient											$0.00	$47.65	**$47.65**
		ER											$12.01	$60.74	**$36.38**
		Prof Svcs											$109.68	$223.15	**$166.41**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$54.87	$137.95	**$96.41**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$176.56**	**$662.88**	**$419.72**
	Total Premiums												**$577.92**	**$579.32**	**$578.62**
Benefit Package 213	**Employees**												**41**	**42**	**42**
	Members												**88**	**89**	**89**
	Claims	Inpatient											$0.00	$11.48	**$11.48**
		Outpatient											$0.00	$0.70	**$0.70**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$34.55	$42.83	**$38.69**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$64.59	$44.86	**$54.73**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$99.14**	**$99.87**	**$99.51**
	Total Premiums												**$201.49**	**$203.91**	**$202.70**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 214	**Employees**												**16**	**16**	**16**
	Members												**44**	**44**	**44**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$32.27	**$32.27**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$6.16	$52.74	**$29.45**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$21.47	$2.00	**$11.73**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$27.63**	**$87.01**	**$57.32**
	Total Premiums												**$169.80**	**$169.80**	**$169.80**
Benefit Package 215	**Employees**												**393**	**390**	**392**
	Members												**972**	**963**	**968**
	Claims	Inpatient											$13.43	$76.96	**$45.20**
		Outpatient											$59.71	$20.89	**$40.30**
		ER											$13.73	$19.08	**$16.41**
		Prof Svcs											$81.78	$82.19	**$81.99**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$41.16	$30.79	**$35.98**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$209.82**	**$229.91**	**$219.86**
	Total Premiums												**$308.39**	**$307.67**	**$308.03**
Benefit Package 216	**Employees**												**355**	**358**	**357**
	Members												**622**	**627**	**625**
	Claims	Inpatient											$159.43	$76.27	**$117.85**
		Outpatient											$200.04	$106.66	**$153.35**
		ER											$21.18	$23.23	**$22.20**
		Prof Svcs											$270.88	$181.44	**$226.16**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$94.20	$107.02	**$100.61**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$745.73**	**$494.62**	**$620.18**
	Total Premiums												**$519.41**	**$518.35**	**$518.88**
Benefit Package 217	**Employees**												**470**	**473**	**472**
	Members												**861**	**862**	**862**
	Claims	Inpatient											$38.62	$0.00	**$38.62**
		Outpatient											$9.62	$10.88	**$10.25**
		ER											$10.71	$11.40	**$11.06**
		Prof Svcs											$108.33	$81.41	**$94.87**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$36.45	$38.05	**$37.25**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$203.72**	**$141.74**	**$172.73**
	Total Premiums												**$426.05**	**$427.18**	**$426.61**

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Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 228	**Employees**												**5**	**6**	**6**
	Members												**18**	**19**	**19**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$0.00	$0.00	**$0.00**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$18.16	$0.00	**$18.16**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$0.00	$0.00	**$0.00**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$18.16**	**$0.00**	**$18.16**
	Total Premiums												**$502.44**	**$502.47**	**$502.46**
Benefit Package 229	**Employees**											**13**	**15**	**17**	**15**
	Members											**30**	**35**	**40**	**35**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$33.60	$26.91	$32.08	**$30.86**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$67.70	$37.68	$28.86	**$44.75**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$35.49	$7.29	$8.45	**$17.07**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$136.79**	**$71.87**	**$69.39**	**$92.68**
	Total Premiums											**$371.33**	**$371.31**	**$371.33**	**$371.32**
Benefit Package 230	**Employees**											**3**	**3**	**3**	**3**
	Members											**3**	**3**	**3**	**3**
	Claims	Inpatient										$0.00	$0.00	$0.00	**$0.00**
		Outpatient										$0.00	$0.00	$0.00	**$0.00**
		ER										$0.00	$0.00	$0.00	**$0.00**
		Prof Svcs										$0.00	$81.05	$0.00	**$81.05**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$0.00	$0.00	$0.00	**$0.00**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$0.00**	**$81.05**	**$0.00**	**$81.05**
	Total Premiums											**$434.00**	**$434.00**	**$434.00**	**$434.00**
Benefit Package 231	**Employees**												**46**	**46**	**46**
	Members												**76**	**76**	**76**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$140.46	$232.04	**$186.25**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$79.06	$69.73	**$74.39**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$65.88	$84.66	**$75.27**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$285.40**	**$386.43**	**$335.91**
	Total Premiums												**$479.64**	**$479.64**	**$479.64**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 232	**Employees**											**72**	**71**	**71**	**71**
	Members											**100**	**99**	**99**	**99**
	Claims	Inpatient										$350.23	$7.72	$0.00	**$178.97**
		Outpatient										$52.36	$24.74	$121.23	**$66.11**
		ER										$0.00	$3.48	$9.05	**$6.26**
		Prof Svcs										$149.24	$129.26	$138.85	**$139.12**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$97.73	$91.75	$105.97	**$98.49**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$649.56**	**$256.95**	**$375.10**	**$427.20**
	Total Premiums											**$569.17**	**$569.17**	**$569.17**	**$569.17**
Benefit Package 233	**Employees**											**94**	**94**	**94**	**94**
	Members											**149**	**149**	**150**	**149**
	Claims	Inpatient										$0.00	$0.00	$52.13	**$52.13**
		Outpatient										$153.64	$328.16	$187.04	**$222.95**
		ER										$0.00	$53.84	$2.82	**$28.33**
		Prof Svcs										$84.98	$154.21	$122.37	**$120.52**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$32.88	$44.63	$49.03	**$42.18**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$271.50**	**$580.84**	**$413.38**	**$421.91**
	Total Premiums											**$634.70**	**$634.70**	**$634.70**	**$634.70**
Benefit Package 234	**Employees**												**292**	**292**	**292**
	Members												**538**	**536**	**537**
	Claims	Inpatient											$3.94	$0.00	**$3.94**
		Outpatient											$77.48	$120.34	**$98.91**
		ER											$26.86	$10.34	**$18.60**
		Prof Svcs											$68.64	$95.47	**$82.06**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$45.47	$96.85	**$71.16**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$222.39**	**$322.99**	**$272.69**
	Total Premiums												**$494.14**	**$494.14**	**$494.14**
Benefit Package 235	**Employees**												**156**	**156**	**156**
	Members												**338**	**339**	**339**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$38.60	$42.00	**$40.30**
		ER											$7.81	$4.71	**$6.26**
		Prof Svcs											$47.20	$47.91	**$47.56**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$11.50	$27.92	**$19.71**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$105.11**	**$122.54**	**$113.82**
	Total Premiums												**$362.27**	**$362.27**	**$362.27**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 236	**Employees**												**75**	**77**	**76**
	Members												**187**	**190**	**189**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$75.04	$131.29	**$103.17**
		ER											$0.00	$12.68	**$12.68**
		Prof Svcs											$44.57	$59.12	**$51.84**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$6.24	$5.63	**$5.94**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$125.85**	**$208.73**	**$167.29**
	Total Premiums												**$396.07**	**$396.07**	**$396.07**
Benefit Package 237	**Employees**												**54**	**56**	**55**
	Members												**117**	**120**	**119**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$11.37	$25.90	**$18.64**
		ER											$0.00	$0.00	**$0.00**
		Prof Svcs											$27.32	$28.02	**$27.67**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$22.22	$20.56	**$21.39**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$60.91**	**$74.48**	**$67.70**
	Total Premiums												**$326.28**	**$326.28**	**$326.28**
Benefit Package 238	**Employees**												**7**	**8**	**8**
	Members												**11**	**13**	**12**
	Claims	Inpatient											$0.00	$0.00	**$0.00**
		Outpatient											$80.15	$0.00	**$80.15**
		ER											$37.91	$0.00	**$37.91**
		Prof Svcs											$50.56	$19.36	**$34.96**
		Other											$0.00	$0.00	**$0.00**
		Pharmacy											$1.09	$2.88	**$1.98**
		Capitation											$0.00	$0.00	**$0.00**
	Total Claims												**$169.71**	**$22.24**	**$95.97**
	Total Premiums												**$316.36**	**$316.31**	**$316.34**
Benefit Package 239	**Employees**											**171**	**173**	**172**	**172**
	Members											**268**	**268**	**264**	**267**
	Claims	Inpatient										$76.73	$0.00	$0.00	**$76.73**
		Outpatient										$34.91	$84.65	$120.56	**$80.04**
		ER										$11.10	$6.25	$8.24	**$8.53**
		Prof Svcs										$127.09	$96.39	$128.26	**$117.25**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$52.71	$68.73	$65.68	**$62.37**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$302.53**	**$256.02**	**$322.75**	**$293.77**
	Total Premiums											**$662.57**	**$662.57**	**$662.57**	**$662.57**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A9h
Experience Reports by Benefit Package — Per Member Per Month
Calendar Year 2013

Benefit Package	Cat.	Sub-Category	Financial Measures PMPM												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Benefit Package 240	**Employees**											**191**	**191**	**192**	**191**
	Members											**317**	**317**	**319**	**318**
	Claims	Inpatient										$0.00	$16.97	$48.47	**$32.72**
		Outpatient										$117.84	$98.39	$168.87	**$128.37**
		ER										$2.02	$2.85	$16.09	**$6.99**
		Prof Svcs										$135.44	$166.04	$195.86	**$165.78**
		Other										$0.00	$0.00	$0.00	**$0.00**
		Pharmacy										$69.14	$51.53	$67.74	**$62.80**
		Capitation										$0.00	$0.00	$0.00	**$0.00**
	Total Claims											**$324.43**	**$335.78**	**$497.04**	**$385.75**
	Total Premiums											**$662.57**	**$662.57**	**$662.57**	**$662.57**
Grand Total	**Employees**		**201,579**	**201,836**	**201,899**	**201,895**	**201,828**	**201,752**	**201,479**	**200,800**	**200,545**	**202,090**	**195,487**	**195,977**	**200,597**
	Members		**15,295,630**	**14,208,999**	**15,612,229**	**17,768,075**	**15,818,108**	**19,919,367**	**17,991,444**	**16,863,756**	**15,118,744**	**17,095,729**	**13,527,783**	**14,556,579**	**193,776,444**
	Claims	Inpatient	$0.99	$0.97	$1.00	$0.85	$1.01	$0.81	$1.06	$1.13	$0.99	$0.93	$1.06	$1.10	**$0.99**
		Outpatient	$0.18	$0.17	$0.19	$0.15	$0.19	$0.14	$0.16	$0.17	$0.18	$0.18	$0.21	$0.17	**$0.17**
		ER	$1.56	$1.59	$1.58	$1.40	$1.64	$1.23	$1.60	$1.81	$1.53	$1.47	$1.55	$1.54	**$1.54**
		Prof Svcs	$0.32	$0.32	$0.32	$0.27	$0.33	$0.23	$0.30	$0.34	$0.33	$0.41	$0.35	$0.32	**$0.32**
		Other	$0.87	$0.86	$0.84	$0.76	$0.86	$0.67	$0.80	$0.88	$0.93	$0.83	$0.93	$0.91	**$0.85**
		Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
		Capitation	$4.93	$4.91	$4.93	$4.43	$5.03	$4.09	$4.93	$5.32	$4.95	$4.82	$5.10	$5.04	**$4.87**
	Total Claims		**$5.47**	**$5.90**	**$5.40**	**$4.75**	**$5.34**	**$4.25**	**$4.68**	**$4.97**	**$5.57**	**$4.96**	**$6.53**	**$6.06**	**$5.32**
	Total Premiums		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
1	Neoplasms (140-239)	$1,603,786
2	Injury and Poisoning (800-999)	$1,346,078
3	Injury and Poisoning (800-999)	$1,035,171
4	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$1,015,342
5	Neoplasms (140-239)	$997,660
6	Congenital Anomalies (740-759)	$995,123
7	Neoplasms (140-239)	$991,457
8	Diseases of the Blood and Blood-Forming Organs (280-289)	$962,072
9	Congenital Anomalies (740-759)	$930,656
10	Neoplasms (140-239)	$871,235
11	Diseases of the Genitourinary System (580-629)	$827,547
12	Injury and Poisoning (800-999)	$797,551
13	Injury and Poisoning (800-999)	$762,461
14	Diseases of the Genitourinary System (580-629)	$760,064
15	Diseases of the Genitourinary System (580-629)	$722,137
16	Diseases of the Genitourinary System (580-629)	$714,269
17	Diseases of the Genitourinary System (580-629)	$709,698
18	Diseases of the Genitourinary System (580-629)	$705,949
19	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$664,610
20	Injury and Poisoning (800-999)	$660,073
21	Diseases of the Genitourinary System (580-629)	$653,652
22	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$651,958
23	Congenital Anomalies (740-759)	$638,852
24	Diseases of the Circulatory System (390-459)	$633,600
25	Diseases of the Genitourinary System (580-629)	$625,875
26	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$619,527
27	Neoplasms (140-239)	$614,705
28	Injury and Poisoning (800-999)	$582,993
29	Diseases of the Genitourinary System (580-629)	$570,663
30	Diseases of the Blood and Blood-Forming Organs (280-289)	$553,009
31	Neoplasms (140-239)	$545,540
32	Neoplasms (140-239)	$522,408

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
33	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$502,732
34	Diseases of the Circulatory System (390-459)	$486,370
35	Neoplasms (140-239)	$482,760
36	Injury and Poisoning (800-999)	$480,129
37	Diseases of the Circulatory System (390-459)	$474,533
38	Neoplasms (140-239)	$472,873
39	Mental Disorders (290-319)	$465,765
40	Diseases of the Circulatory System (390-459)	$451,923
41	Neoplasms (140-239)	$440,695
42	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$431,339
43	Neoplasms (140-239)	$428,012
44	Diseases of the Nervous System and Sense Organs (320-389)	$426,960
45	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$426,405
46	Neoplasms (140-239)	$422,332
47	Diseases of the Blood and Blood-Forming Organs (280-289)	$421,536
48	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$417,650
49	Neoplasms (140-239)	$415,891
50	Neoplasms (140-239)	$413,673
51	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$409,656
52	Neoplasms (140-239)	$406,713
53	Neoplasms (140-239)	$405,116
54	Neoplasms (140-239)	$399,937
55	Mental Disorders (290-319)	$396,986
56	Neoplasms (140-239)	$390,083
57	Neoplasms (140-239)	$389,012
58	Neoplasms (140-239)	$385,772
59	Injury and Poisoning (800-999)	$376,760
60	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$374,340
61	Diseases of the Circulatory System (390-459)	$371,827
62	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$364,265
63	Infectious and Parasitic Diseases (001-139)	$363,466
64	Mental Disorders (290-319)	$363,437

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
65	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$363,345
66	Neoplasms (140-239)	$362,800
67	Neoplasms (140-239)	$361,872
68	Diseases of the Circulatory System (390-459)	$361,213
69	Diseases of the Circulatory System (390-459)	$360,055
70	Injury and Poisoning (800-999)	$358,453
71	Neoplasms (140-239)	$355,551
72	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$354,333
73	Neoplasms (140-239)	$354,215
74	Neoplasms (140-239)	$353,169
75	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$351,584
76	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$349,296
77	Congenital Anomalies (740-759)	$347,622
78	Diseases of the Digestive System (520-579)	$343,968
79	Diseases of the Blood and Blood-Forming Organs (280-289)	$342,256
80	Congenital Anomalies (740-759)	$341,773
81	Neoplasms (140-239)	$339,134
82	Neoplasms (140-239)	$337,427
83	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$330,470
84	Diseases of the Genitourinary System (580-629)	$329,547
85	Neoplasms (140-239)	$326,431
86	Diseases of the Circulatory System (390-459)	$325,464
87	Diseases of the Circulatory System (390-459)	$323,838
88	Certain Conditions Originating in the Perinatal Period (760-779)	$322,880
89	Injury and Poisoning (800-999)	$322,762
90	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$319,945
91	Diseases of the Respiratory System (460-519)	$318,684
92	Neoplasms (140-239)	$314,291
93	Diseases of the Respiratory System (460-519)	$313,576
94	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$311,867
95	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$311,123
96	Neoplasms (140-239)	$308,457

Washington State Office of the Insurance Commissioner
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Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
97	Diseases of the Genitourinary System (580-629)	$307,812
98	Neoplasms (140-239)	$305,132
99	Diseases of the Blood and Blood-Forming Organs (280-289)	$305,045
100	Neoplasms (140-239)	$304,828
101	Diseases of the Circulatory System (390-459)	$304,231
102	Neoplasms (140-239)	$304,099
103	Infectious and Parasitic Diseases (001-139)	$303,669
104	Neoplasms (140-239)	$301,319
105	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$298,592
106	Neoplasms (140-239)	$297,323
107	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$294,605
108	Diseases of the Nervous System and Sense Organs (320-389)	$294,523
109	Neoplasms (140-239)	$290,964
110	Neoplasms (140-239)	$287,191
111	Diseases of the Nervous System and Sense Organs (320-389)	$286,731
112	Diseases of the Digestive System (520-579)	$285,809
113	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$285,413
114	Mental Disorders (290-319)	$285,049
115	Diseases of the Digestive System (520-579)	$284,835
116	e000-e999 Supp. Class of external causes injury/poisoning	$283,347
117	Neoplasms (140-239)	$282,114
118	Diseases of the Genitourinary System (580-629)	$281,308
119	Diseases of the Circulatory System (390-459)	$280,843
120	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$278,082
121	Diseases of the Skin and Subcutaneous Tissue (680-709)	$275,290
122	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$273,673
123	Neoplasms (140-239)	$273,615
124	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$273,584
125	Infectious and Parasitic Diseases (001-139)	$273,292
126	Injury and Poisoning (800-999)	$271,526
127	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$270,389
128	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$269,925

Washington State Office of the Insurance Commissioner
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Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
129	Diseases of the Respiratory System (460-519)	$268,709
130	Infectious and Parasitic Diseases (001-139)	$268,147
131	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$265,338
132	Diseases of the Nervous System and Sense Organs (320-389)	$264,507
133	Diseases of the Circulatory System (390-459)	$263,721
134	Diseases of the Digestive System (520-579)	$263,350
135	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$262,683
136	Neoplasms (140-239)	$262,473
137	Diseases of the Digestive System (520-579)	$261,679
138	Diseases of the Circulatory System (390-459)	$259,669
139	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$257,302
140	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$255,343
141	e000-e999 Supp. Class of external causes injury/poisoning	$254,138
142	Injury and Poisoning (800-999)	$253,866
143	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$252,325
144	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$251,167
145	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$248,516
146	Injury and Poisoning (800-999)	$246,356
147	Diseases of the Circulatory System (390-459)	$246,215
148	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$243,200
149	Diseases of the Circulatory System (390-459)	$243,108
150	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$243,101
151	Diseases of the Respiratory System (460-519)	$242,300
152	e000-e999 Supp. Class of external causes injury/poisoning	$241,808
153	Infectious and Parasitic Diseases (001-139)	$241,718
154	Neoplasms (140-239)	$240,883
155	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$240,572
156	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$238,989
157	Neoplasms (140-239)	$237,695
158	Diseases of the Digestive System (520-579)	$237,083
159	Diseases of the Circulatory System (390-459)	$236,797
160	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$234,588

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List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
161	Diseases of the Genitourinary System (580-629)	$234,026
162	Neoplasms (140-239)	$233,505
163	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$233,495
164	Neoplasms (140-239)	$232,422
165	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$231,904
166	Neoplasms (140-239)	$231,194
167	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$228,439
168	Neoplasms (140-239)	$228,301
169	Infectious and Parasitic Diseases (001-139)	$227,947
170	Neoplasms (140-239)	$227,820
171	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$226,900
172	Injury and Poisoning (800-999)	$226,394
173	Neoplasms (140-239)	$226,134
174	Neoplasms (140-239)	$225,853
175	Certain Conditions Originating in the Perinatal Period (760-779)	$224,742
176	e000-e999 Supp. Class of external causes injury/poisoning	$222,669
177	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$221,927
178	Injury and Poisoning (800-999)	$220,112
179	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$219,648
180	Neoplasms (140-239)	$219,149
181	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$218,828
182	Neoplasms (140-239)	$217,965
183	Diseases of the Nervous System and Sense Organs (320-389)	$217,956
184	Injury and Poisoning (800-999)	$217,945
185	Injury and Poisoning (800-999)	$217,204
186	Infectious and Parasitic Diseases (001-139)	$216,225
187	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$216,042
188	Diseases of the Circulatory System (390-459)	$215,801
189	Injury and Poisoning (800-999)	$215,666
190	Mental Disorders (290-319)	$215,594
191	Neoplasms (140-239)	$214,926
192	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$214,671

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Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
193	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$214,637
194	Diseases of the Respiratory System (460-519)	$213,905
195	Diseases of the Digestive System (520-579)	$213,130
196	Neoplasms (140-239)	$212,139
197	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$211,962
198	Neoplasms (140-239)	$210,467
199	Injury and Poisoning (800-999)	$210,346
200	Mental Disorders (290-319)	$209,670
201	Neoplasms (140-239)	$209,319
202	Neoplasms (140-239)	$209,253
203	Diseases of the Circulatory System (390-459)	$207,653
204	Mental Disorders (290-319)	$207,387
205	Neoplasms (140-239)	$205,650
206	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$205,091
207	Injury and Poisoning (800-999)	$205,090
208	Neoplasms (140-239)	$204,861
209	Neoplasms (140-239)	$204,777
210	Neoplasms (140-239)	$204,063
211	Injury and Poisoning (800-999)	$203,274
212	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$203,158
213	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$202,749
214	Infectious and Parasitic Diseases (001-139)	$201,995
215	Neoplasms (140-239)	$201,979
216	Infectious and Parasitic Diseases (001-139)	$200,336
217	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$200,117
218	Injury and Poisoning (800-999)	$199,647
219	Diseases of the Digestive System (520-579)	$198,998
220	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$198,539
221	Mental Disorders (290-319)	$198,452
222	Diseases of the Digestive System (520-579)	$197,826
223	Diseases of the Circulatory System (390-459)	$197,812
224	Injury and Poisoning (800-999)	$197,133

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Claimant	Major Diagnosis Category	Paid Amount
225	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$196,861
226	Diseases of the Genitourinary System (580-629)	$195,903
227	Diseases of the Circulatory System (390-459)	$195,800
228	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$195,054
229	Diseases of the Blood and Blood-Forming Organs (280-289)	$194,646
230	Diseases of the Circulatory System (390-459)	$194,548
231	Diseases of the Circulatory System (390-459)	$193,984
232	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$193,197
233	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$192,203
234	Diseases of the Respiratory System (460-519)	$191,136
235	Diseases of the Digestive System (520-579)	$191,059
236	Congenital Anomalies (740-759)	$190,754
237	Neoplasms (140-239)	$189,483
238	Neoplasms (140-239)	$188,599
239	Diseases of the Blood and Blood-Forming Organs (280-289)	$188,596
240	Neoplasms (140-239)	$188,480
241	Diseases of the Genitourinary System (580-629)	$188,303
242	e000-e999 Supp. Class of external causes injury/poisoning	$188,007
243	Diseases of the Circulatory System (390-459)	$187,870
244	Mental Disorders (290-319)	$187,138
245	Neoplasms (140-239)	$186,797
246	Neoplasms (140-239)	$186,223
247	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$186,181
248	Neoplasms (140-239)	$186,008
249	Diseases of the Genitourinary System (580-629)	$184,477
250	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$184,148
251	Neoplasms (140-239)	$183,855
252	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$183,493
253	Neoplasms (140-239)	$183,397
254	Diseases of the Genitourinary System (580-629)	$183,295
255	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$182,016
256	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$181,929

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Claimant	Major Diagnosis Category	Paid Amount
257	Neoplasms (140-239)	$181,904
258	Mental Disorders (290-319)	$181,875
259	Diseases of the Respiratory System (460-519)	$181,695
260	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$181,676
261	Neoplasms (140-239)	$181,555
262	Mental Disorders (290-319)	$181,347
263	Diseases of the Genitourinary System (580-629)	$181,322
264	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$180,709
265	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$180,383
266	Injury and Poisoning (800-999)	$179,487
267	Diseases of the Circulatory System (390-459)	$179,482
268	Injury and Poisoning (800-999)	$178,875
269	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$178,739
270	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$178,655
271	Injury and Poisoning (800-999)	$177,085
272	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$176,480
273	Neoplasms (140-239)	$176,354
274	Injury and Poisoning (800-999)	$176,023
275	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$175,797
276	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$175,593
277	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$175,437
278	Injury and Poisoning (800-999)	$175,351
279	Diseases of the Circulatory System (390-459)	$174,797
280	Neoplasms (140-239)	$174,426
281	Injury and Poisoning (800-999)	$173,963
282	Injury and Poisoning (800-999)	$173,931
283	Neoplasms (140-239)	$173,927
284	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$173,820
285	Diseases of the Circulatory System (390-459)	$173,458
286	Diseases of the Circulatory System (390-459)	$173,409
287	Neoplasms (140-239)	$173,226
288	Diseases of the Blood and Blood-Forming Organs (280-289)	$173,092

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List of Large Claims by Claimant

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Claimant	Major Diagnosis Category	Paid Amount
289	Diseases of the Nervous System and Sense Organs (320-389)	$172,915
290	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$171,789
291	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$171,597
292	Diseases of the Circulatory System (390-459)	$170,770
293	Neoplasms (140-239)	$170,648
294	Neoplasms (140-239)	$170,265
295	Neoplasms (140-239)	$170,222
296	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$170,214
297	Diseases of the Circulatory System (390-459)	$169,180
298	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$169,009
299	Diseases of the Circulatory System (390-459)	$168,844
300	Diseases of the Circulatory System (390-459)	$167,951
301	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$167,711
302	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$167,568
303	Diseases of the Digestive System (520-579)	$167,451
304	Diseases of the Genitourinary System (580-629)	$167,192
305	Injury and Poisoning (800-999)	$166,686
306	e000-e999 Supp. Class of external causes injury/poisoning	$166,458
307	Neoplasms (140-239)	$166,168
308	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$166,081
309	Neoplasms (140-239)	$165,954
310	Neoplasms (140-239)	$165,787
311	Infectious and Parasitic Diseases (001-139)	$165,643
312	Neoplasms (140-239)	$165,462
313	Neoplasms (140-239)	$165,411
314	Neoplasms (140-239)	$164,870
315	Diseases of the Genitourinary System (580-629)	$164,576
316	Neoplasms (140-239)	$164,288
317	Diseases of the Nervous System and Sense Organs (320-389)	$164,085
318	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$163,831
319	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$163,619
320	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$163,520

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Claimant	Major Diagnosis Category	Paid Amount
321	Neoplasms (140-239)	$162,936
322	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$162,899
323	Neoplasms (140-239)	$162,796
324	Infectious and Parasitic Diseases (001-139)	$162,407
325	Neoplasms (140-239)	$162,206
326	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$162,172
327	Diseases of the Circulatory System (390-459)	$162,019
328	Neoplasms (140-239)	$161,803
329	Diseases of the Genitourinary System (580-629)	$161,377
330	Diseases of the Circulatory System (390-459)	$161,278
331	Diseases of the Digestive System (520-579)	$161,197
332	Neoplasms (140-239)	$161,080
333	Diseases of the Circulatory System (390-459)	$161,067
334	Diseases of the Circulatory System (390-459)	$160,774
335	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$160,651
336	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$160,335
337	Diseases of the Nervous System and Sense Organs (320-389)	$160,146
338	Neoplasms (140-239)	$160,068
339	Diseases of the Digestive System (520-579)	$159,997
340	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$159,985
341	Diseases of the Genitourinary System (580-629)	$159,913
342	Diseases of the Genitourinary System (580-629)	$159,784
343	Neoplasms (140-239)	$159,115
344	Diseases of the Circulatory System (390-459)	$158,011
345	Diseases of the Nervous System and Sense Organs (320-389)	$157,483
346	Infectious and Parasitic Diseases (001-139)	$157,380
347	Injury and Poisoning (800-999)	$157,092
348	Diseases of the Circulatory System (390-459)	$156,860
349	e000-e999 Supp. Class of external causes injury/poisoning	$156,826
350	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$156,164
351	Diseases of the Circulatory System (390-459)	$156,122
352	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$156,045

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Claimant	Major Diagnosis Category	Paid Amount
353	Neoplasms (140-239)	$155,901
354	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$155,656
355	Diseases of the Circulatory System (390-459)	$155,579
356	Mental Disorders (290-319)	$154,864
357	Neoplasms (140-239)	$154,817
358	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$154,471
359	Neoplasms (140-239)	$154,308
360	e000-e999 Supp. Class of external causes injury/poisoning	$154,188
361	e000-e999 Supp. Class of external causes injury/poisoning	$153,817
362	Diseases of the Circulatory System (390-459)	$153,700
363	Neoplasms (140-239)	$153,441
364	Neoplasms (140-239)	$152,869
365	Infectious and Parasitic Diseases (001-139)	$152,813
366	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$152,658
367	Neoplasms (140-239)	$152,418
368	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$152,336
369	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$152,257
370	Injury and Poisoning (800-999)	$152,135
371	Neoplasms (140-239)	$151,960
372	Neoplasms (140-239)	$151,848
373	Neoplasms (140-239)	$151,797
374	Injury and Poisoning (800-999)	$151,566
375	Neoplasms (140-239)	$151,256
376	Neoplasms (140-239)	$151,038
377	Diseases of the Genitourinary System (580-629)	$150,529
378	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$150,473
379	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$150,300
380	Neoplasms (140-239)	$149,890
381	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$149,522
382	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$149,296
383	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$148,699
384	Injury and Poisoning (800-999)	$148,411

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Claimant	Major Diagnosis Category	Paid Amount
385	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$148,392
386	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$148,261
387	Diseases of the Circulatory System (390-459)	$147,848
388	Diseases of the Circulatory System (390-459)	$147,745
389	Neoplasms (140-239)	$147,568
390	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$147,462
391	Neoplasms (140-239)	$147,041
392	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$147,012
393	Diseases of the Nervous System and Sense Organs (320-389)	$146,803
394	Neoplasms (140-239)	$146,556
395	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$146,438
396	e000-e999 Supp. Class of external causes injury/poisoning	$146,415
397	Injury and Poisoning (800-999)	$146,124
398	Mental Disorders (290-319)	$145,978
399	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$145,553
400	Diseases of the Circulatory System (390-459)	$145,371
401	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$145,294
402	e000-e999 Supp. Class of external causes injury/poisoning	$145,285
403	Neoplasms (140-239)	$145,122
404	Congenital Anomalies (740-759)	$145,057
405	Neoplasms (140-239)	$144,979
406	Diseases of the Circulatory System (390-459)	$144,471
407	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$144,271
408	Injury and Poisoning (800-999)	$144,168
409	Diseases of the Genitourinary System (580-629)	$143,966
410	Infectious and Parasitic Diseases (001-139)	$143,829
411	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$143,697
412	Injury and Poisoning (800-999)	$143,112
413	Diseases of the Digestive System (520-579)	$143,011
414	Diseases of the Respiratory System (460-519)	$142,868
415	Mental Disorders (290-319)	$142,400
416	Mental Disorders (290-319)	$142,298

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Claimant	Major Diagnosis Category	Paid Amount
417	Diseases of the Nervous System and Sense Organs (320-389)	$142,205
418	Diseases of the Respiratory System (460-519)	$142,159
419	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$141,767
420	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$141,681
421	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$141,561
422	Diseases of the Nervous System and Sense Organs (320-389)	$141,298
423	Neoplasms (140-239)	$141,296
424	Neoplasms (140-239)	$141,096
425	Diseases of the Circulatory System (390-459)	$140,965
426	Diseases of the Circulatory System (390-459)	$140,895
427	Diseases of the Blood and Blood-Forming Organs (280-289)	$140,868
428	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$140,862
429	Diseases of the Circulatory System (390-459)	$140,837
430	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$140,270
431	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$140,099
432	Neoplasms (140-239)	$140,055
433	Diseases of the Circulatory System (390-459)	$140,006
434	Injury and Poisoning (800-999)	$139,915
435	Neoplasms (140-239)	$139,868
436	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$139,592
437	Diseases of the Circulatory System (390-459)	$139,320
438	Congenital Anomalies (740-759)	$139,222
439	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$139,210
440	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$139,206
441	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$139,195
442	Diseases of the Circulatory System (390-459)	$139,185
443	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$138,989
444	Diseases of the Digestive System (520-579)	$138,855
445	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$138,776
446	Diseases of the Respiratory System (460-519)	$138,626
447	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$138,575
448	Neoplasms (140-239)	$137,946

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Claimant	Major Diagnosis Category	Paid Amount
449	Diseases of the Digestive System (520-579)	$137,742
450	Neoplasms (140-239)	$137,285
451	Diseases of the Nervous System and Sense Organs (320-389)	$137,258
452	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$136,717
453	Neoplasms (140-239)	$136,580
454	Injury and Poisoning (800-999)	$136,489
455	Congenital Anomalies (740-759)	$136,452
456	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$136,449
457	Diseases of the Circulatory System (390-459)	$136,400
458	Diseases of the Blood and Blood-Forming Organs (280-289)	$136,123
459	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$136,108
460	Injury and Poisoning (800-999)	$136,053
461	Diseases of the Circulatory System (390-459)	$135,672
462	Neoplasms (140-239)	$135,152
463	Diseases of the Circulatory System (390-459)	$134,619
464	Diseases of the Nervous System and Sense Organs (320-389)	$134,426
465	Diseases of the Circulatory System (390-459)	$134,425
466	Neoplasms (140-239)	$134,399
467	Infectious and Parasitic Diseases (001-139)	$134,186
468	Diseases of the Circulatory System (390-459)	$134,121
469	Diseases of the Nervous System and Sense Organs (320-389)	$133,599
470	Injury and Poisoning (800-999)	$133,495
471	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$133,240
472	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$133,130
473	Neoplasms (140-239)	$133,128
474	Neoplasms (140-239)	$133,047
475	Neoplasms (140-239)	$133,034
476	Diseases of the Circulatory System (390-459)	$132,883
477	Injury and Poisoning (800-999)	$132,658
478	Diseases of the Circulatory System (390-459)	$132,644
479	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$132,550
480	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$132,420

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Claimant	Major Diagnosis Category	Paid Amount
481	Neoplasms (140-239)	$132,295
482	Diseases of the Digestive System (520-579)	$131,960
483	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$131,890
484	Diseases of the Respiratory System (460-519)	$131,775
485	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$131,685
486	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$131,685
487	Neoplasms (140-239)	$131,284
488	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$131,181
489	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$130,302
490	Diseases of the Circulatory System (390-459)	$130,197
491	e000-e999 Supp. Class of external causes injury/poisoning	$130,152
492	Neoplasms (140-239)	$129,496
493	Diseases of the Blood and Blood-Forming Organs (280-289)	$129,150
494	Diseases of the Digestive System (520-579)	$129,128
495	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$128,952
496	Diseases of the Respiratory System (460-519)	$128,758
497	Diseases of the Circulatory System (390-459)	$128,611
498	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$128,554
499	Neoplasms (140-239)	$128,551
500	Diseases of the Circulatory System (390-459)	$128,269
501	Congenital Anomalies (740-759)	$128,241
502	Diseases of the Circulatory System (390-459)	$128,013
503	Mental Disorders (290-319)	$127,602
504	Diseases of the Nervous System and Sense Organs (320-389)	$127,311
505	Diseases of the Digestive System (520-579)	$127,109
506	Neoplasms (140-239)	$127,102
507	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$127,029
508	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$126,921
509	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$126,826
510	Neoplasms (140-239)	$126,356
511	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$126,256
512	Diseases of the Circulatory System (390-459)	$126,050

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
513	Injury and Poisoning (800-999)	$125,977
514	Diseases of the Digestive System (520-579)	$125,870
515	Injury and Poisoning (800-999)	$125,729
516	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$125,724
517	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$125,650
518	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$125,277
519	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$125,270
520	Neoplasms (140-239)	$125,134
521	Diseases of the Nervous System and Sense Organs (320-389)	$124,913
522	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$124,860
523	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$124,815
524	Neoplasms (140-239)	$124,788
525	Neoplasms (140-239)	$124,740
526	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$124,601
527	Diseases of the Circulatory System (390-459)	$124,285
528	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$123,775
529	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$123,747
530	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$123,653
531	Congenital Anomalies (740-759)	$123,543
532	Neoplasms (140-239)	$123,518
533	Mental Disorders (290-319)	$123,500
534	Neoplasms (140-239)	$123,445
535	Diseases of the Circulatory System (390-459)	$123,418
536	Mental Disorders (290-319)	$123,208
537	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$123,107
538	Neoplasms (140-239)	$123,087
539	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$123,023
540	Diseases of the Circulatory System (390-459)	$122,971
541	Diseases of the Nervous System and Sense Organs (320-389)	$122,962
542	Neoplasms (140-239)	$122,949
543	Infectious and Parasitic Diseases (001-139)	$122,827
544	Diseases of the Circulatory System (390-459)	$122,603

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
545	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$122,570
546	e000-e999 Supp. Class of external causes injury/poisoning	$122,404
547	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$122,334
548	Neoplasms (140-239)	$122,327
549	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$122,133
550	Neoplasms (140-239)	$122,127
551	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$122,124
552	Injury and Poisoning (800-999)	$122,073
553	Neoplasms (140-239)	$121,976
554	Neoplasms (140-239)	$121,570
555	Injury and Poisoning (800-999)	$121,438
556	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$121,309
557	Injury and Poisoning (800-999)	$121,188
558	Neoplasms (140-239)	$121,087
559	Neoplasms (140-239)	$120,800
560	Diseases of the Circulatory System (390-459)	$120,779
561	Diseases of the Blood and Blood-Forming Organs (280-289)	$120,694
562	Neoplasms (140-239)	$120,473
563	Diseases of the Digestive System (520-579)	$120,326
564	Injury and Poisoning (800-999)	$120,195
565	Injury and Poisoning (800-999)	$120,003
566	Injury and Poisoning (800-999)	$119,921
567	Neoplasms (140-239)	$119,917
568	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$119,893
569	Diseases of the Blood and Blood-Forming Organs (280-289)	$119,453
570	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$119,171
571	Neoplasms (140-239)	$119,126
572	Diseases of the Circulatory System (390-459)	$118,933
573	Neoplasms (140-239)	$118,741
574	Injury and Poisoning (800-999)	$118,702
575	Mental Disorders (290-319)	$118,661
576	Neoplasms (140-239)	$118,584

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
577	e000-e999 Supp. Class of external causes injury/poisoning	$118,378
578	Neoplasms (140-239)	$117,938
579	Diseases of the Digestive System (520-579)	$117,789
580	Diseases of the Circulatory System (390-459)	$117,773
581	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$117,642
582	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$117,637
583	Neoplasms (140-239)	$117,476
584	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$117,449
585	Neoplasms (140-239)	$117,342
586	Mental Disorders (290-319)	$117,341
587	Neoplasms (140-239)	$117,261
588	Neoplasms (140-239)	$117,138
589	Neoplasms (140-239)	$117,105
590	Neoplasms (140-239)	$117,054
591	Injury and Poisoning (800-999)	$117,052
592	Neoplasms (140-239)	$116,913
593	Mental Disorders (290-319)	$116,790
594	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$116,400
595	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$116,156
596	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$116,138
597	Diseases of the Circulatory System (390-459)	$116,079
598	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$115,946
599	Diseases of the Respiratory System (460-519)	$115,911
600	Diseases of the Respiratory System (460-519)	$115,905
601	Neoplasms (140-239)	$115,805
602	Infectious and Parasitic Diseases (001-139)	$115,671
603	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$115,608
604	Diseases of the Circulatory System (390-459)	$115,550
605	Neoplasms (140-239)	$115,523
606	Infectious and Parasitic Diseases (001-139)	$115,295
607	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$114,987
608	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$114,798

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
609	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$114,741
610	Diseases of the Blood and Blood-Forming Organs (280-289)	$114,739
611	Neoplasms (140-239)	$114,555
612	Diseases of the Blood and Blood-Forming Organs (280-289)	$114,268
613	Diseases of the Digestive System (520-579)	$114,142
614	Neoplasms (140-239)	$113,944
615	Neoplasms (140-239)	$113,916
616	Diseases of the Respiratory System (460-519)	$113,859
617	Diseases of the Skin and Subcutaneous Tissue (680-709)	$113,819
618	Neoplasms (140-239)	$113,772
619	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$113,766
620	Neoplasms (140-239)	$113,746
621	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$113,744
622	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$113,727
623	Diseases of the Digestive System (520-579)	$113,699
624	Mental Disorders (290-319)	$113,617
625	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$113,591
626	Diseases of the Circulatory System (390-459)	$113,467
627	Neoplasms (140-239)	$113,360
628	Diseases of the Circulatory System (390-459)	$113,308
629	Neoplasms (140-239)	$113,214
630	Neoplasms (140-239)	$113,136
631	Diseases of the Nervous System and Sense Organs (320-389)	$112,926
632	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$112,867
633	Certain Conditions Originating in the Perinatal Period (760-779)	$112,847
634	Neoplasms (140-239)	$112,826
635	Neoplasms (140-239)	$112,694
636	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$112,637
637	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$112,582
638	Neoplasms (140-239)	$112,572
639	Injury and Poisoning (800-999)	$112,465
640	Neoplasms (140-239)	$112,359

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K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
641	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$112,315
642	Diseases of the Digestive System (520-579)	$112,192
643	Diseases of the Circulatory System (390-459)	$112,096
644	Neoplasms (140-239)	$112,067
645	Diseases of the Digestive System (520-579)	$112,041
646	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$111,975
647	Diseases of the Circulatory System (390-459)	$111,741
648	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$111,684
649	Neoplasms (140-239)	$111,321
650	Neoplasms (140-239)	$111,320
651	Neoplasms (140-239)	$111,228
652	Diseases of the Circulatory System (390-459)	$111,213
653	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$111,186
654	Neoplasms (140-239)	$111,078
655	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$111,001
656	Neoplasms (140-239)	$110,839
657	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$110,752
658	Injury and Poisoning (800-999)	$110,694
659	Diseases of the Circulatory System (390-459)	$110,686
660	Diseases of the Nervous System and Sense Organs (320-389)	$110,616
661	Neoplasms (140-239)	$109,980
662	Diseases of the Skin and Subcutaneous Tissue (680-709)	$109,964
663	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$109,790
664	Mental Disorders (290-319)	$109,780
665	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$109,775
666	Neoplasms (140-239)	$109,612
667	Infectious and Parasitic Diseases (001-139)	$109,324
668	Diseases of the Nervous System and Sense Organs (320-389)	$109,315
669	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$109,305
670	Diseases of the Circulatory System (390-459)	$109,054
671	Mental Disorders (290-319)	$109,023
672	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$108,861

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
673	Neoplasms (140-239)	$108,821
674	Injury and Poisoning (800-999)	$108,736
675	Neoplasms (140-239)	$108,564
676	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$108,515
677	Diseases of the Digestive System (520-579)	$108,444
678	Diseases of the Digestive System (520-579)	$107,939
679	Neoplasms (140-239)	$107,725
680	Neoplasms (140-239)	$107,615
681	Infectious and Parasitic Diseases (001-139)	$107,580
682	Injury and Poisoning (800-999)	$107,557
683	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$107,409
684	Neoplasms (140-239)	$107,391
685	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$107,385
686	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$107,379
687	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$107,233
688	Neoplasms (140-239)	$107,107
689	Certain Conditions Originating in the Perinatal Period (760-779)	$107,041
690	Diseases of the Circulatory System (390-459)	$107,036
691	e000-e999 Supp. Class of external causes injury/poisoning	$106,997
692	Neoplasms (140-239)	$106,905
693	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$106,893
694	Diseases of the Circulatory System (390-459)	$106,708
695	Injury and Poisoning (800-999)	$106,694
696	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$106,130
697	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$106,127
698	Diseases of the Digestive System (520-579)	$106,114
699	Injury and Poisoning (800-999)	$106,071
700	Neoplasms (140-239)	$106,050
701	Diseases of the Digestive System (520-579)	$105,992
702	Neoplasms (140-239)	$105,792
703	Congenital Anomalies (740-759)	$105,703
704	Diseases of the Genitourinary System (580-629)	$105,027

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K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
705	Diseases of the Digestive System (520-579)	$104,921
706	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$104,843
707	Infectious and Parasitic Diseases (001-139)	$104,776
708	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$104,711
709	Injury and Poisoning (800-999)	$104,696
710	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$104,594
711	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$104,539
712	Diseases of the Circulatory System (390-459)	$104,391
713	Diseases of the Circulatory System (390-459)	$104,379
714	Diseases of the Skin and Subcutaneous Tissue (680-709)	$104,326
715	Diseases of the Circulatory System (390-459)	$104,236
716	Neoplasms (140-239)	$104,141
717	Injury and Poisoning (800-999)	$104,120
718	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$103,951
719	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$103,948
720	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$103,927
721	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$103,893
722	Neoplasms (140-239)	$103,855
723	Diseases of the Nervous System and Sense Organs (320-389)	$103,821
724	Diseases of the Circulatory System (390-459)	$103,634
725	Diseases of the Digestive System (520-579)	$103,614
726	e000-e999 Supp. Class of external causes injury/poisoning	$103,512
727	Certain Conditions Originating in the Perinatal Period (760-779)	$103,507
728	Neoplasms (140-239)	$103,444
729	Neoplasms (140-239)	$103,419
730	Diseases of the Circulatory System (390-459)	$103,251
731	Injury and Poisoning (800-999)	$103,224
732	Neoplasms (140-239)	$103,155
733	Diseases of the Nervous System and Sense Organs (320-389)	$103,001
734	Congenital Anomalies (740-759)	$102,993
735	Neoplasms (140-239)	$102,898
736	Neoplasms (140-239)	$102,816

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A10
List of Large Claims by Claimant

Plan Year Ending in 2013

Claimant	Major Diagnosis Category	Paid Amount
737	Diseases of the Blood and Blood-Forming Organs (280-289)	$102,767
738	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$102,420
739	Mental Disorders (290-319)	$102,323
740	Infectious and Parasitic Diseases (001-139)	$102,274
741	Diseases of the Circulatory System (390-459)	$102,226
742	Neoplasms (140-239)	$102,074
743	Injury and Poisoning (800-999)	$101,969
744	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (240-279)	$101,734
745	Symptoms, Signs, and Ill-Defined Conditions (780-799)	$101,691
746	Neoplasms (140-239)	$101,534
747	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$101,508
748	Neoplasms (140-239)	$101,410
749	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$101,406
750	Diseases of the Respiratory System (460-519)	$101,371
751	Diseases of the Digestive System (520-579)	$101,370
752	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$101,290
753	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$101,141
754	Mental Disorders (290-319)	$101,078
755	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$100,947
756	Diseases of the Digestive System (520-579)	$100,843
757	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,668
758	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,546
759	Neoplasms (140-239)	$100,541
760	Neoplasms (140-239)	$100,503
761	e000-e999 Supp. Class of external causes injury/poisoning	$100,421
762	Diseases of the Digestive System (520-579)	$100,251
763	V01-V91 - Supp. Classi Factors influencing HealthData Processing Service	$100,179
764	Diseases of the Nervous System and Sense Organs (320-389)	$100,093
765	Diseases of the Musculoskeletal System and Connective Tissue (710-739)	$100,053
766	Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	$100,032

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2013

Benefit Package: Benefit Package 003

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	1	4	5	0	0	0
	35 – 39	0	5	5	0	0	0
	40 – 44	3	4	7	0	0	0
	45 – 49	2	3	5	0	0	0
	50 – 54	6	10	16	0	0	0
	55 – 59	4	14	18	0	0	0
	60 – 64	5	22	27	0	0	0
	65+	6	8	14	0	0	0
	Total	**28**	**72**	**100**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	1	1	0	1	1
	50 – 54	2	1	3	2	1	3
	55 – 59	0	2	2	1	0	1
	60 – 64	1	2	3	2	2	4
	65+	1	1	2	2	0	2
	Total	**5**	**7**	**12**	**7**	**6**	**13**
Employee & Children	**0 – 19**	0	0	0	21	12	33
	20 – 24	0	0	0	21	12	33
	25 – 29	0	0	0	4	4	8
	30 – 34	1	2	3	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	0	6	6	0	0	0
	50 – 54	3	6	9	0	0	0
	55 – 59	2	5	7	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**9**	**25**	**34**	**46**	**28**	**74**
Employee & Family	**0 – 19**	0	0	0	13	4	17
	20 – 24	0	0	0	13	4	17
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	1	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	1	1	2
	50 – 54	3	2	5	2	4	6
	55 – 59	2	3	5	3	2	5
	60 – 64	1	0	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**7**	**8**	**15**	**34**	**17**	**51**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A11
Demographics by Benefit Package
For the Plan Year Ending in 2013

Benefit Package: Benefit Package 004

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	0	0	0
	30 – 34	3	1	4	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	0	6	6	0	0	0
	50 – 54	2	3	5	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	0	1	1	0	0	0
	Total	**8**	**30**	**38**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	2	3	1	0	1
	60 – 64	0	2	2	3	0	3
	65+	0	0	0	0	1	1
	Total	**2**	**4**	**6**	**4**	**1**	**5**
Employee & Children	**0 – 19**	0	0	0	14	15	29
	20 – 24	0	0	0	14	15	29
	25 – 29	1	1	2	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	1	5	6	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	6	6	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**20**	**25**	**29**	**31**	**60**
Employee & Family	**0 – 19**	0	0	0	4	8	12
	20 – 24	0	0	0	4	8	12
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	2	0	2	0	1	1
	45 – 49	1	2	3	1	2	3
	50 – 54	0	2	2	1	0	1
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	2	0	2
	65+	0	0	0	0	0	0
	Total	**3**	**6**	**9**	**13**	**19**	**32**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 005

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	5	5	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	7	7	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	7	7	0	0	0
	50 – 54	3	5	8	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	0	6	6	0	0	0
	65+	0	3	3	0	0	0
	Total	**4**	**39**	**43**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	3	3	2	0	2
	65+	0	0	0	1	0	1
	Total	**0**	**4**	**4**	**4**	**0**	**4**
Employee & Children	**0 – 19**	0	0	0	8	9	17
	20 – 24	0	0	0	8	9	17
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	4	0	4	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**5**	**8**	**13**	**17**	**18**	**35**
Employee & Family	**0 – 19**	0	0	0	8	9	17
	20 – 24	0	0	0	8	9	17
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	2	1	3	1	1	2
	40 – 44	0	0	0	0	1	1
	45 – 49	0	4	4	1	0	1
	50 – 54	0	2	2	2	0	2
	55 – 59	1	3	4	1	0	1
	60 – 64	0	0	0	3	0	3
	65+	0	0	0	0	1	1
	Total	**4**	**10**	**14**	**24**	**22**	**46**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 006

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	3	4	7
	20 – 24	0	0	0	3	4	7
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**6**	**8**	**14**
Employee & Family	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**5**	**2**	**7**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 007

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	3	1	4
	20 – 24	0	0	0	3	1	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**6**	**2**	**8**
Employee & Family	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	2	0	2
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**4**	**0**	**4**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 008

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 009

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	0	2	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	3	4	7	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	0	7	7	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	1	1	2	0	0	0
	Total	**8**	**19**	**27**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	1	3	4	2	1	3
	60 – 64	1	1	2	2	1	3
	65+	0	3	3	2	0	2
	Total	**2**	**9**	**11**	**9**	**2**	**11**
Employee & Children	**0 – 19**	0	0	0	1	3	4
	20 – 24	0	0	0	1	3	4
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**5**	**7**	**3**	**6**	**9**
Employee & Family	**0 – 19**	0	0	0	3	8	11
	20 – 24	0	0	0	3	8	11
	25 – 29	0	0	0	0	2	2
	30 – 34	0	1	1	0	0	0
	35 – 39	1	0	1	1	1	2
	40 – 44	0	1	1	0	1	1
	45 – 49	2	1	3	1	1	2
	50 – 54	2	0	2	1	2	3
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**4**	**9**	**10**	**23**	**33**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 010

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	8	12	0	0	0
	30 – 34	4	7	11	0	0	0
	35 – 39	3	13	16	0	0	0
	40 – 44	2	10	12	0	0	0
	45 – 49	4	17	21	0	0	0
	50 – 54	5	20	25	0	0	0
	55 – 59	6	28	34	0	0	0
	60 – 64	4	30	34	0	0	0
	65+	1	8	9	0	0	0
	Total	**33**	**141**	**174**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	1	2
	50 – 54	5	1	6	0	5	5
	55 – 59	2	11	13	7	3	10
	60 – 64	5	11	16	13	4	17
	65+	2	1	3	4	1	5
	Total	**14**	**25**	**39**	**25**	**14**	**39**
Employee & Children	**0 – 19**	0	0	0	4	9	13
	20 – 24	0	0	0	4	9	13
	25 – 29	0	0	0	2	1	3
	30 – 34	0	1	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	2	1	3	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**10**	**13**	**10**	**19**	**29**
Employee & Family	**0 – 19**	0	0	0	24	19	43
	20 – 24	0	0	0	24	19	43
	25 – 29	0	0	0	1	0	1
	30 – 34	0	2	2	1	0	1
	35 – 39	0	2	2	1	1	2
	40 – 44	0	2	2	3	1	4
	45 – 49	3	1	4	2	2	4
	50 – 54	4	5	9	2	5	7
	55 – 59	2	2	4	2	2	4
	60 – 64	2	1	3	2	1	3
	65+	1	0	1	1	0	1
	Total	**12**	**15**	**27**	**63**	**50**	**113**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 011

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	3	4	7	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	2	1	3	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	1	0	1	0	0	0
	Total	**11**	**18**	**29**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	2	3	5	0	3	3
	40 – 44	1	0	1	2	1	3
	45 – 49	1	1	2	0	1	1
	50 – 54	1	4	5	3	0	3
	55 – 59	3	2	5	2	4	6
	60 – 64	1	2	3	1	2	3
	65+	1	0	1	3	0	3
	Total	**10**	**12**	**22**	**11**	**11**	**22**
Employee & Children	**0 – 19**	0	0	0	13	12	25
	20 – 24	0	0	0	13	12	25
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	4	3	7	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**9**	**14**	**26**	**25**	**51**
Employee & Family	**0 – 19**	0	0	0	30	20	50
	20 – 24	0	0	0	30	20	50
	25 – 29	0	0	0	2	4	6
	30 – 34	1	0	1	0	0	0
	35 – 39	3	1	4	0	3	3
	40 – 44	1	3	4	3	2	5
	45 – 49	2	3	5	3	2	5
	50 – 54	4	5	9	4	3	7
	55 – 59	0	3	3	3	0	3
	60 – 64	1	0	1	2	1	3
	65+	0	0	0	0	0	0
	Total	**12**	**15**	**27**	**77**	**55**	**132**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 012

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	3	4	0	0	0
	30 – 34	2	5	7	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	2	7	9	0	0	0
	50 – 54	0	9	9	0	0	0
	55 – 59	0	16	16	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	1	2	3	0	0	0
	Total	**8**	**51**	**59**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	3	4	2	1	3
	30 – 34	0	1	1	1	1	2
	35 – 39	2	0	2	1	1	2
	40 – 44	2	1	3	1	1	2
	45 – 49	3	0	3	0	3	3
	50 – 54	0	2	2	2	0	2
	55 – 59	0	6	6	3	0	3
	60 – 64	0	4	4	8	1	9
	65+	1	0	1	0	0	0
	Total	**9**	**17**	**26**	**18**	**8**	**26**
Employee & Children	**0 – 19**	0	0	0	16	18	34
	20 – 24	0	0	0	16	18	34
	25 – 29	0	0	0	1	1	2
	30 – 34	2	1	3	0	0	0
	35 – 39	3	0	3	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	2	7	9	0	0	0
	50 – 54	2	1	3	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**9**	**18**	**27**	**33**	**37**	**70**
Employee & Family	**0 – 19**	0	0	0	11	6	17
	20 – 24	0	0	0	11	6	17
	25 – 29	0	1	1	2	0	2
	30 – 34	0	0	0	1	0	1
	35 – 39	1	2	3	1	1	2
	40 – 44	0	0	0	0	0	0
	45 – 49	0	3	3	2	0	2
	50 – 54	1	1	2	1	1	2
	55 – 59	1	0	1	1	1	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**7**	**10**	**30**	**15**	**45**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 013

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	6	7	0	0	0
	30 – 34	1	4	5	0	0	0
	35 – 39	5	5	10	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**26**	**36**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	1	4	0	3	3
	30 – 34	1	0	1	1	1	2
	35 – 39	1	1	2	0	3	3
	40 – 44	1	1	2	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	1	2	3	3	2	5
	65+	0	0	0	0	0	0
	Total	**8**	**6**	**14**	**4**	**10**	**14**
Employee & Children	**0 – 19**	0	0	0	36	44	80
	20 – 24	0	0	0	36	44	80
	25 – 29	0	1	1	1	3	4
	30 – 34	1	4	5	0	0	0
	35 – 39	6	7	13	0	0	0
	40 – 44	6	6	12	0	0	0
	45 – 49	2	2	4	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**18**	**28**	**46**	**73**	**91**	**164**
Employee & Family	**0 – 19**	0	0	0	31	28	59
	20 – 24	0	0	0	31	28	59
	25 – 29	3	0	3	1	6	7
	30 – 34	4	0	4	0	2	2
	35 – 39	2	3	5	0	4	4
	40 – 44	4	3	7	4	5	9
	45 – 49	2	4	6	3	1	4
	50 – 54	1	3	4	4	0	4
	55 – 59	0	2	2	2	1	3
	60 – 64	0	1	1	2	1	3
	65+	1	0	1	0	0	0
	Total	**17**	**16**	**33**	**78**	**76**	**154**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 014

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	5	6	0	0	0
	30 – 34	2	3	5	0	0	0
	35 – 39	2	8	10	0	0	0
	40 – 44	5	9	14	0	0	0
	45 – 49	1	21	22	0	0	0
	50 – 54	4	22	26	0	0	0
	55 – 59	4	25	29	0	0	0
	60 – 64	3	19	22	0	0	0
	65+	2	6	8	0	0	0
	Total	**24**	**118**	**142**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	2	4	6	1	4	5
	55 – 59	2	6	8	6	1	7
	60 – 64	1	3	4	6	0	6
	65+	0	1	1	1	0	1
	Total	**5**	**14**	**19**	**14**	**5**	**19**
Employee & Children	**0 – 19**	0	0	0	12	10	22
	20 – 24	0	0	0	12	10	22
	25 – 29	0	0	0	4	4	8
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**18**	**22**	**28**	**24**	**52**
Employee & Family	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	1	1
	55 – 59	2	0	2	1	1	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**1**	**3**	**4**	**4**	**8**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 016

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	1	3	4	0	0	0
	40 – 44	1	8	9	0	0	0
	45 – 49	1	16	17	0	0	0
	50 – 54	2	12	14	0	0	0
	55 – 59	3	28	31	0	0	0
	60 – 64	0	12	12	0	0	0
	65+	1	2	3	0	0	0
	Total	**11**	**81**	**92**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	1	1	1	1	2
	55 – 59	1	6	7	3	0	3
	60 – 64	0	6	6	7	0	7
	65+	0	0	0	1	0	1
	Total	**1**	**13**	**14**	**13**	**1**	**14**
Employee & Children	**0 – 19**	0	0	0	17	25	42
	20 – 24	0	0	0	17	25	42
	25 – 29	0	0	0	5	4	9
	30 – 34	0	4	4	0	0	0
	35 – 39	2	1	3	0	0	0
	40 – 44	0	9	9	0	0	0
	45 – 49	3	8	11	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	0	6	6	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**33**	**40**	**39**	**54**	**93**
Employee & Family	**0 – 19**	0	0	0	3	1	4
	20 – 24	0	0	0	3	1	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	1	2
	45 – 49	1	1	2	1	0	1
	50 – 54	0	1	1	0	0	0
	55 – 59	1	0	1	1	1	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**3**	**5**	**9**	**4**	**13**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 017

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	2	2	0	0	0
	20 – 24	0	2	2	0	0	0
	25 – 29	68	223	291	0	0	0
	30 – 34	56	195	251	0	0	0
	35 – 39	45	211	256	0	0	0
	40 – 44	31	245	276	0	0	0
	45 – 49	34	209	243	0	0	0
	50 – 54	34	245	279	0	0	0
	55 – 59	44	209	253	0	0	0
	60 – 64	44	140	184	0	0	0
	65+	14	25	39	0	0	0
	Total	**370**	**1,706**	**2,076**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	32	64	96	54	38	92
	30 – 34	44	64	108	55	43	98
	35 – 39	30	47	77	45	33	78
	40 – 44	21	39	60	36	18	54
	45 – 49	20	40	60	44	18	62
	50 – 54	28	99	127	75	41	116
	55 – 59	66	183	249	142	62	204
	60 – 64	65	105	170	159	64	223
	65+	18	10	28	37	12	49
	Total	**324**	**651**	**975**	**647**	**329**	**976**
Employee & Children	**0 – 19**	0	0	0	1,501	1,422	2,923
	20 – 24	0	0	0	1,501	1,422	2,923
	25 – 29	15	56	71	50	52	102
	30 – 34	62	170	232	1	0	1
	35 – 39	82	250	332	0	0	0
	40 – 44	100	280	380	0	0	0
	45 – 49	72	293	365	0	0	0
	50 – 54	48	241	289	0	0	0
	55 – 59	32	118	150	0	0	0
	60 – 64	19	41	60	0	0	0
	65+	2	3	5	0	0	0
	Total	**432**	**1,452**	**1,884**	**3,053**	**2,896**	**5,949**
Employee & Family	**0 – 19**	0	0	0	1,283	1,214	2,497
	20 – 24	0	0	0	1,283	1,214	2,497
	25 – 29	25	29	54	51	88	139
	30 – 34	86	76	162	61	118	179
	35 – 39	123	148	271	118	120	238
	40 – 44	141	183	324	165	128	293
	45 – 49	91	174	265	156	93	249
	50 – 54	74	175	249	180	65	245
	55 – 59	51	99	150	133	42	175
	60 – 64	20	14	34	63	8	71
	65+	7	0	7	6	0	6
	Total	**618**	**898**	**1,516**	**3,499**	**3,090**	**6,589**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 018

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	27	73	100	0	0	0
	30 – 34	22	69	91	0	0	0
	35 – 39	13	60	73	0	0	0
	40 – 44	22	87	109	0	0	0
	45 – 49	14	84	98	0	0	0
	50 – 54	15	110	125	0	0	0
	55 – 59	29	113	142	0	0	0
	60 – 64	25	79	104	0	0	0
	65+	13	22	35	0	0	0
	Total	**180**	**697**	**877**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	14	35	49	28	17	45
	30 – 34	23	24	47	23	22	45
	35 – 39	21	19	40	22	19	41
	40 – 44	16	17	33	19	18	37
	45 – 49	15	24	39	22	16	38
	50 – 54	23	68	91	58	31	89
	55 – 59	41	128	169	89	40	129
	60 – 64	50	98	148	131	44	175
	65+	19	13	32	41	12	53
	Total	**222**	**426**	**648**	**433**	**219**	**652**
Employee & Children	**0 – 19**	0	0	0	681	612	1,293
	20 – 24	0	0	0	681	612	1,293
	25 – 29	10	22	32	22	23	45
	30 – 34	21	68	89	0	0	0
	35 – 39	37	99	136	0	0	0
	40 – 44	41	152	193	0	0	0
	45 – 49	33	130	163	0	0	0
	50 – 54	29	101	130	0	0	0
	55 – 59	18	66	84	0	0	0
	60 – 64	2	12	14	0	0	0
	65+	1	1	2	0	0	0
	Total	**192**	**651**	**843**	**1,384**	**1,247**	**2,631**
Employee & Family	**0 – 19**	0	0	0	707	599	1,306
	20 – 24	0	0	0	707	599	1,306
	25 – 29	17	16	33	42	60	102
	30 – 34	51	36	87	25	49	74
	35 – 39	53	59	112	41	54	95
	40 – 44	57	76	133	88	58	146
	45 – 49	49	127	176	90	57	147
	50 – 54	46	114	160	121	44	165
	55 – 59	35	77	112	97	29	126
	60 – 64	17	19	36	49	3	52
	65+	1	0	1	9	0	9
	Total	**326**	**524**	**850**	**1,976**	**1,552**	**3,528**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 019

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	1	1	2	0	0	0
	20 – 24	1	1	2	0	0	0
	25 – 29	15	48	63	0	0	0
	30 – 34	9	47	56	0	0	0
	35 – 39	11	41	52	0	0	0
	40 – 44	7	51	58	0	0	0
	45 – 49	10	56	66	0	0	0
	50 – 54	11	57	68	0	0	0
	55 – 59	13	58	71	0	0	0
	60 – 64	14	28	42	0	0	0
	65+	5	7	12	0	0	0
	Total	**97**	**395**	**492**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	13	16	8	8	16
	30 – 34	10	11	21	13	10	23
	35 – 39	9	7	16	9	9	18
	40 – 44	8	12	20	10	4	14
	45 – 49	11	13	24	10	10	20
	50 – 54	5	26	31	17	11	28
	55 – 59	14	43	57	32	12	44
	60 – 64	18	21	39	45	13	58
	65+	4	4	8	8	4	12
	Total	**82**	**150**	**232**	**152**	**81**	**233**
Employee & Children	**0 – 19**	0	0	0	388	370	758
	20 – 24	0	0	0	388	370	758
	25 – 29	5	23	28	9	12	21
	30 – 34	18	44	62	0	0	0
	35 – 39	16	60	76	0	0	0
	40 – 44	25	75	100	0	0	0
	45 – 49	11	76	87	0	0	0
	50 – 54	12	58	70	0	0	0
	55 – 59	10	20	30	0	0	0
	60 – 64	3	6	9	0	0	0
	65+	1	1	2	0	0	0
	Total	**101**	**363**	**464**	**785**	**752**	**1,537**
Employee & Family	**0 – 19**	0	0	0	271	244	515
	20 – 24	0	0	0	271	244	515
	25 – 29	9	3	12	8	17	25
	30 – 34	16	19	35	12	18	30
	35 – 39	16	22	38	20	21	41
	40 – 44	27	42	69	35	27	62
	45 – 49	25	46	71	38	21	59
	50 – 54	14	34	48	42	13	55
	55 – 59	11	22	33	28	9	37
	60 – 64	4	3	7	13	2	15
	65+	0	0	0	3	0	3
	Total	**122**	**191**	**313**	**741**	**616**	**1,357**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 020

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	0	10	10	0	0	0
	45 – 49	2	11	13	0	0	0
	50 – 54	1	14	15	0	0	0
	55 – 59	4	12	16	0	0	0
	60 – 64	1	8	9	0	0	0
	65+	0	1	1	0	0	0
	Total	**9**	**62**	**71**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	1	5	6	3	1	4
	55 – 59	2	0	2	1	1	2
	60 – 64	0	2	2	3	1	4
	65+	0	1	1	1	0	1
	Total	**4**	**9**	**13**	**9**	**4**	**13**
Employee & Children	**0 – 19**	0	0	0	7	9	16
	20 – 24	0	0	0	7	9	16
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**8**	**10**	**14**	**18**	**32**
Employee & Family	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	2	2	2	0	2
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**5**	**2**	**7**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 021

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	5	5	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	1	6	7	0	0	0
	45 – 49	1	11	12	0	0	0
	50 – 54	1	8	9	0	0	0
	55 – 59	3	12	15	0	0	0
	60 – 64	1	11	12	0	0	0
	65+	0	1	1	0	0	0
	Total	**8**	**59**	**67**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	2	2
	55 – 59	1	1	2	1	0	1
	60 – 64	0	3	3	3	0	3
	65+	0	1	1	1	0	1
	Total	**2**	**5**	**7**	**5**	**2**	**7**
Employee & Children	**0 – 19**	0	0	0	7	9	16
	20 – 24	0	0	0	7	9	16
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	1	3	4	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**11**	**13**	**15**	**19**	**34**
Employee & Family	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	1	0	1
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	0	0
	Total	**2**	**1**	**3**	**2**	**4**	**6**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 022

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	24	26	0	0	0
	30 – 34	2	25	27	0	0	0
	35 – 39	12	11	23	0	0	0
	40 – 44	8	12	20	0	0	0
	45 – 49	4	19	23	0	0	0
	50 – 54	3	14	17	0	0	0
	55 – 59	6	25	31	0	0	0
	60 – 64	1	14	15	0	0	0
	65+	0	2	2	0	0	0
	Total	**38**	**146**	**184**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	2	2
	30 – 34	4	0	4	0	7	7
	35 – 39	5	5	10	5	1	6
	40 – 44	2	2	4	0	3	3
	45 – 49	5	5	10	3	1	4
	50 – 54	0	7	7	10	2	12
	55 – 59	2	16	18	14	3	17
	60 – 64	1	12	13	13	1	14
	65+	0	3	3	5	0	5
	Total	**20**	**50**	**70**	**50**	**20**	**70**
Employee & Children	**0 – 19**	0	0	0	118	125	243
	20 – 24	0	0	0	118	125	243
	25 – 29	1	1	2	14	6	20
	30 – 34	3	21	24	0	0	0
	35 – 39	5	27	32	1	0	1
	40 – 44	9	27	36	0	0	0
	45 – 49	8	27	35	0	0	0
	50 – 54	2	13	15	0	0	0
	55 – 59	8	9	17	0	0	0
	60 – 64	0	8	8	0	0	0
	65+	1	0	1	0	0	0
	Total	**37**	**133**	**170**	**251**	**256**	**507**
Employee & Family	**0 – 19**	0	0	0	50	49	99
	20 – 24	0	0	0	50	49	99
	25 – 29	0	0	0	5	4	9
	30 – 34	1	3	4	1	1	2
	35 – 39	3	8	11	4	7	11
	40 – 44	10	5	15	6	10	16
	45 – 49	9	6	15	5	6	11
	50 – 54	5	8	13	10	6	16
	55 – 59	2	2	4	4	2	6
	60 – 64	4	3	7	4	2	6
	65+	0	0	0	0	0	0
	Total	**34**	**35**	**69**	**139**	**136**	**275**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 024

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	0	0	0
	30 – 34	2	2	4	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**7**	**9**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	3	2	5
	30 – 34	2	0	2	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**4**	**7**	**5**	**3**	**8**
Employee & Children	**0 – 19**	0	0	0	11	8	19
	20 – 24	0	0	0	11	8	19
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**7**	**9**	**22**	**16**	**38**
Employee & Family	**0 – 19**	0	0	0	4	9	13
	20 – 24	0	0	0	4	9	13
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	1	2	1	2	3
	40 – 44	0	2	2	2	0	2
	45 – 49	1	0	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**5**	**7**	**13**	**20**	**33**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 025

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	10	19	29	0	0	0
	30 – 34	6	20	26	0	0	0
	35 – 39	4	6	10	0	0	0
	40 – 44	9	22	31	0	0	0
	45 – 49	1	14	15	0	0	0
	50 – 54	4	14	18	0	0	0
	55 – 59	7	22	29	0	0	0
	60 – 64	3	13	16	0	0	0
	65+	1	0	1	0	0	0
	Total	**45**	**130**	**175**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	7	6	13	5	9	14
	30 – 34	8	5	13	5	6	11
	35 – 39	3	1	4	4	5	9
	40 – 44	3	8	11	4	1	5
	45 – 49	8	3	11	6	9	15
	50 – 54	6	11	17	10	4	14
	55 – 59	10	23	33	19	12	31
	60 – 64	6	8	14	14	4	18
	65+	1	1	2	2	0	2
	Total	**52**	**66**	**118**	**69**	**50**	**119**
Employee & Children	**0 – 19**	0	0	0	54	51	105
	20 – 24	0	0	0	54	51	105
	25 – 29	0	4	4	1	2	3
	30 – 34	3	7	10	0	0	0
	35 – 39	2	7	9	0	0	0
	40 – 44	1	11	12	0	0	0
	45 – 49	2	11	13	0	0	0
	50 – 54	2	6	8	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**49**	**59**	**109**	**104**	**213**
Employee & Family	**0 – 19**	0	0	0	290	251	541
	20 – 24	0	0	0	290	251	541
	25 – 29	6	8	14	14	15	29
	30 – 34	22	10	32	14	27	41
	35 – 39	34	22	56	14	35	49
	40 – 44	36	32	68	26	37	63
	45 – 49	25	31	56	28	19	47
	50 – 54	22	21	43	28	20	48
	55 – 59	11	22	33	23	8	31
	60 – 64	5	5	10	15	4	19
	65+	1	0	1	0	0	0
	Total	**162**	**151**	**313**	**742**	**667**	**1,409**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 027

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	3	0	3	0	0	0
	35 – 39	2	8	10	0	0	0
	40 – 44	2	10	12	0	0	0
	45 – 49	5	7	12	0	0	0
	50 – 54	1	8	9	0	0	0
	55 – 59	5	12	17	0	0	0
	60 – 64	5	5	10	0	0	0
	65+	0	3	3	0	0	0
	Total	**26**	**55**	**81**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	1	1	0	2	2
	60 – 64	2	1	3	2	0	2
	65+	1	0	1	0	1	1
	Total	**4**	**3**	**7**	**3**	**4**	**7**
Employee & Children	**0 – 19**	0	0	0	21	24	45
	20 – 24	0	0	0	21	24	45
	25 – 29	0	0	0	3	1	4
	30 – 34	1	2	3	0	0	0
	35 – 39	0	7	7	0	0	0
	40 – 44	0	8	8	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**27**	**31**	**45**	**49**	**94**
Employee & Family	**0 – 19**	0	0	0	8	6	14
	20 – 24	0	0	0	8	6	14
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	2	2	3	0	3
	45 – 49	0	0	0	1	3	4
	50 – 54	1	0	1	1	0	1
	55 – 59	2	1	3	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**3**	**6**	**9**	**23**	**16**	**39**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 029

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	7	13	20	0	0	0
	30 – 34	7	16	23	0	0	0
	35 – 39	7	14	21	0	0	0
	40 – 44	3	20	23	0	0	0
	45 – 49	4	14	18	0	0	0
	50 – 54	6	18	24	0	0	0
	55 – 59	5	26	31	0	0	0
	60 – 64	10	30	40	0	0	0
	65+	2	9	11	0	0	0
	Total	**51**	**160**	**211**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	1	1
	40 – 44	1	0	1	1	0	1
	45 – 49	0	6	6	3	2	5
	50 – 54	1	4	5	1	0	1
	55 – 59	6	11	17	11	7	18
	60 – 64	6	11	17	18	5	23
	65+	3	4	7	3	2	5
	Total	**17**	**38**	**55**	**37**	**17**	**54**
Employee & Children	**0 – 19**	0	0	0	112	87	199
	20 – 24	0	0	0	112	87	199
	25 – 29	0	0	0	7	4	11
	30 – 34	2	8	10	2	0	2
	35 – 39	4	16	20	0	0	0
	40 – 44	5	19	24	0	0	0
	45 – 49	5	24	29	0	1	1
	50 – 54	4	18	22	0	0	0
	55 – 59	2	10	12	0	0	0
	60 – 64	0	8	8	0	0	0
	65+	0	1	1	0	0	0
	Total	**22**	**104**	**126**	**233**	**179**	**412**
Employee & Family	**0 – 19**	0	0	0	57	56	113
	20 – 24	0	0	0	57	56	113
	25 – 29	0	1	1	4	3	7
	30 – 34	2	1	3	1	6	7
	35 – 39	7	4	11	3	5	8
	40 – 44	4	5	9	4	6	10
	45 – 49	5	9	14	7	7	14
	50 – 54	9	8	17	10	4	14
	55 – 59	2	9	11	7	1	8
	60 – 64	1	3	4	6	1	7
	65+	0	0	0	1	0	1
	Total	**30**	**40**	**70**	**157**	**145**	**302**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 030

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	17	21	0	0	0
	30 – 34	12	26	38	0	0	0
	35 – 39	7	22	29	0	0	0
	40 – 44	7	22	29	0	0	0
	45 – 49	5	23	28	0	0	0
	50 – 54	10	20	30	0	0	0
	55 – 59	8	15	23	0	0	0
	60 – 64	3	29	32	0	0	0
	65+	1	8	9	0	0	0
	Total	**57**	**182**	**239**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	2	1	3
	30 – 34	2	4	6	3	2	5
	35 – 39	1	2	3	2	1	3
	40 – 44	0	2	2	2	0	2
	45 – 49	0	1	1	3	1	4
	50 – 54	0	7	7	2	1	3
	55 – 59	7	14	21	8	6	14
	60 – 64	4	7	11	15	4	19
	65+	1	1	2	2	1	3
	Total	**16**	**40**	**56**	**39**	**17**	**56**
Employee & Children	**0 – 19**	0	0	0	105	114	219
	20 – 24	0	0	0	105	114	219
	25 – 29	0	3	3	8	2	10
	30 – 34	2	15	17	0	0	0
	35 – 39	10	19	29	0	0	0
	40 – 44	7	19	26	0	0	0
	45 – 49	8	15	23	0	0	0
	50 – 54	4	11	15	0	0	0
	55 – 59	4	5	9	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**36**	**90**	**126**	**218**	**230**	**448**
Employee & Family	**0 – 19**	0	0	0	47	48	95
	20 – 24	0	0	0	47	48	95
	25 – 29	0	0	0	5	2	7
	30 – 34	2	2	4	2	4	6
	35 – 39	5	4	9	4	5	9
	40 – 44	8	6	14	5	10	15
	45 – 49	5	5	10	4	5	9
	50 – 54	6	6	12	7	5	12
	55 – 59	4	1	5	2	2	4
	60 – 64	2	3	5	2	2	4
	65+	1	0	1	1	0	1
	Total	**33**	**27**	**60**	**126**	**131**	**257**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 031

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	16	27	43	0	0	0
	30 – 34	12	33	45	0	0	0
	35 – 39	14	18	32	0	0	0
	40 – 44	11	26	37	0	0	0
	45 – 49	12	33	45	0	0	0
	50 – 54	10	40	50	0	0	0
	55 – 59	17	72	89	0	0	0
	60 – 64	13	67	80	0	0	0
	65+	8	18	26	0	0	0
	Total	**113**	**334**	**447**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	1	1
	30 – 34	0	0	0	1	0	1
	35 – 39	1	0	1	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	0	1	2	3	5
	50 – 54	2	3	5	1	2	3
	55 – 59	6	11	17	5	8	13
	60 – 64	7	20	27	26	10	36
	65+	7	3	10	5	1	6
	Total	**26**	**39**	**65**	**40**	**25**	**65**
Employee & Children	**0 – 19**	0	0	0	195	135	330
	20 – 24	0	0	0	195	135	330
	25 – 29	0	5	5	17	4	21
	30 – 34	10	21	31	0	1	1
	35 – 39	13	27	40	0	0	0
	40 – 44	17	25	42	0	0	0
	45 – 49	17	34	51	0	0	0
	50 – 54	10	23	33	0	0	0
	55 – 59	6	19	25	0	0	0
	60 – 64	9	6	15	0	0	0
	65+	0	0	0	0	0	0
	Total	**82**	**160**	**242**	**407**	**275**	**682**
Employee & Family	**0 – 19**	0	0	0	58	55	113
	20 – 24	0	0	0	58	55	113
	25 – 29	2	1	3	7	10	17
	30 – 34	4	3	7	4	6	10
	35 – 39	8	1	9	3	5	8
	40 – 44	4	3	7	2	6	8
	45 – 49	8	11	19	5	10	15
	50 – 54	9	9	18	9	8	17
	55 – 59	5	5	10	9	5	14
	60 – 64	6	3	9	4	2	6
	65+	0	0	0	1	0	1
	Total	**46**	**36**	**82**	**160**	**162**	**322**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 032

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	8	13	0	0	0
	30 – 34	4	5	9	0	0	0
	35 – 39	2	7	9	0	0	0
	40 – 44	7	7	14	0	0	0
	45 – 49	2	13	15	0	0	0
	50 – 54	5	14	19	0	0	0
	55 – 59	3	17	20	0	0	0
	60 – 64	5	15	20	0	0	0
	65+	0	3	3	0	0	0
	Total	**33**	**89**	**122**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	0	3	0	4	4
	30 – 34	0	0	0	0	0	0
	35 – 39	1	2	3	2	0	2
	40 – 44	0	0	0	0	0	0
	45 – 49	0	5	5	1	0	1
	50 – 54	0	2	2	2	0	2
	55 – 59	0	7	7	6	2	8
	60 – 64	4	9	13	11	3	14
	65+	1	0	1	2	1	3
	Total	**9**	**25**	**34**	**24**	**10**	**34**
Employee & Children	**0 – 19**	0	0	0	60	82	142
	20 – 24	0	0	0	60	82	142
	25 – 29	0	4	4	7	5	12
	30 – 34	1	6	7	0	2	2
	35 – 39	4	12	16	0	0	0
	40 – 44	3	12	15	0	0	0
	45 – 49	4	19	23	0	0	0
	50 – 54	3	18	21	0	0	0
	55 – 59	4	11	15	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	2	2	0	0	0
	Total	**19**	**86**	**105**	**127**	**171**	**298**
Employee & Family	**0 – 19**	0	0	0	21	30	51
	20 – 24	0	0	0	21	30	51
	25 – 29	0	0	0	2	0	2
	30 – 34	0	0	0	1	1	2
	35 – 39	3	3	6	3	5	8
	40 – 44	8	5	13	4	7	11
	45 – 49	2	3	5	3	0	3
	50 – 54	3	8	11	5	2	7
	55 – 59	1	7	8	7	2	9
	60 – 64	0	0	0	3	0	3
	65+	0	0	0	1	0	1
	Total	**17**	**26**	**43**	**71**	**77**	**148**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 033

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	7	8	0	0	0
	30 – 34	6	6	12	0	0	0
	35 – 39	3	7	10	0	0	0
	40 – 44	6	10	16	0	0	0
	45 – 49	6	17	23	0	0	0
	50 – 54	6	18	24	0	0	0
	55 – 59	4	30	34	0	0	0
	60 – 64	5	32	37	0	0	0
	65+	1	2	3	0	0	0
	Total	**38**	**129**	**167**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	1	1
	50 – 54	1	4	5	3	0	3
	55 – 59	2	2	4	3	0	3
	60 – 64	0	2	2	3	3	6
	65+	1	1	2	1	0	1
	Total	**4**	**10**	**14**	**10**	**4**	**14**
Employee & Children	**0 – 19**	0	0	0	38	49	87
	20 – 24	0	0	0	38	49	87
	25 – 29	1	1	2	2	3	5
	30 – 34	0	3	3	0	0	0
	35 – 39	1	9	10	0	0	0
	40 – 44	4	5	9	0	0	0
	45 – 49	5	8	13	0	0	0
	50 – 54	1	10	11	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**42**	**56**	**78**	**101**	**179**
Employee & Family	**0 – 19**	0	0	0	11	5	16
	20 – 24	0	0	0	11	5	16
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	2	1	3
	35 – 39	1	2	3	1	0	1
	40 – 44	0	1	1	1	0	1
	45 – 49	0	1	1	1	0	1
	50 – 54	1	1	2	1	0	1
	55 – 59	0	0	0	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**6**	**8**	**28**	**12**	**40**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 034

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	0	0	0
	30 – 34	0	4	4	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	2	6	8	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	5	9	14	0	0	0
	55 – 59	2	11	13	0	0	0
	60 – 64	2	9	11	0	0	0
	65+	2	4	6	0	0	0
	Total	**13**	**53**	**66**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	1	1	2
	45 – 49	1	0	1	0	0	0
	50 – 54	0	0	0	0	1	1
	55 – 59	2	2	4	0	1	1
	60 – 64	1	1	2	3	1	4
	65+	0	0	0	0	0	0
	Total	**4**	**4**	**8**	**4**	**4**	**8**
Employee & Children	**0 – 19**	0	0	0	16	14	30
	20 – 24	0	0	0	16	14	30
	25 – 29	0	0	0	1	3	4
	30 – 34	0	2	2	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	2	4	6	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**20**	**23**	**33**	**31**	**64**
Employee & Family	**0 – 19**	0	0	0	3	6	9
	20 – 24	0	0	0	3	6	9
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	2	2	1	0	1
	50 – 54	0	0	0	1	1	2
	55 – 59	2	0	2	0	1	1
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**4**	**2**	**6**	**8**	**16**	**24**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 038

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	7	10	0	0	0
	30 – 34	2	4	6	0	0	0
	35 – 39	2	6	8	0	0	0
	40 – 44	0	9	9	0	0	0
	45 – 49	3	5	8	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	4	3	7	0	0	0
	60 – 64	1	6	7	0	0	0
	65+	1	2	3	0	0	0
	Total	**17**	**47**	**64**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	1	2	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	1	0	1
	50 – 54	1	3	4	3	5	8
	55 – 59	1	7	8	6	0	6
	60 – 64	3	6	9	6	1	7
	65+	0	0	0	2	1	3
	Total	**7**	**19**	**26**	**19**	**7**	**26**
Employee & Children	**0 – 19**	0	0	0	22	18	40
	20 – 24	0	0	0	22	18	40
	25 – 29	0	0	0	1	0	1
	30 – 34	1	1	2	1	0	1
	35 – 39	0	2	2	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	3	2	5	0	0	0
	50 – 54	3	5	8	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**16**	**24**	**46**	**36**	**82**
Employee & Family	**0 – 19**	0	0	0	31	14	45
	20 – 24	0	0	0	31	14	45
	25 – 29	0	0	0	1	3	4
	30 – 34	1	1	2	1	1	2
	35 – 39	2	3	5	2	2	4
	40 – 44	2	3	5	2	5	7
	45 – 49	4	4	8	3	2	5
	50 – 54	0	4	4	1	1	2
	55 – 59	2	1	3	2	0	2
	60 – 64	0	1	1	5	0	5
	65+	0	0	0	1	0	1
	Total	**11**	**17**	**28**	**80**	**42**	**122**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 039

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	0	2	0	0	0
	30 – 34	4	5	9	0	0	0
	35 – 39	1	5	6	0	0	0
	40 – 44	2	8	10	0	0	0
	45 – 49	1	10	11	0	0	0
	50 – 54	0	14	14	0	0	0
	55 – 59	1	7	8	0	0	0
	60 – 64	3	12	15	0	0	0
	65+	0	2	2	0	0	0
	Total	**14**	**63**	**77**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	1	0	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	2	0	2
	60 – 64	2	4	6	3	2	5
	65+	0	0	0	1	0	1
	Total	**4**	**6**	**10**	**7**	**3**	**10**
Employee & Children	**0 – 19**	0	0	0	30	3	33
	20 – 24	0	0	0	30	3	33
	25 – 29	0	0	0	3	0	3
	30 – 34	1	0	1	0	0	0
	35 – 39	4	0	4	0	0	0
	40 – 44	3	1	4	0	0	0
	45 – 49	3	1	4	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	2	0	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**4**	**18**	**63**	**6**	**69**
Employee & Family	**0 – 19**	0	0	0	3	8	11
	20 – 24	0	0	0	3	8	11
	25 – 29	1	0	1	0	0	0
	30 – 34	0	0	0	1	0	1
	35 – 39	3	1	4	0	0	0
	40 – 44	2	3	5	1	0	1
	45 – 49	2	2	4	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	2	0	2	1	0	1
	60 – 64	1	0	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**11**	**6**	**17**	**12**	**16**	**28**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 040

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	1	3	0	0	0
	45 – 49	3	3	6	0	0	0
	50 – 54	4	9	13	0	0	0
	55 – 59	8	14	22	0	0	0
	60 – 64	3	20	23	0	0	0
	65+	4	10	14	0	0	0
	Total	**26**	**59**	**85**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	2	3	1	1	2
	55 – 59	1	4	5	4	1	5
	60 – 64	0	3	3	4	1	5
	65+	3	2	5	2	2	4
	Total	**5**	**11**	**16**	**11**	**5**	**16**
Employee & Children	**0 – 19**	0	0	0	3	1	4
	20 – 24	0	0	0	3	1	4
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**7**	**2**	**9**
Employee & Family	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	2	0	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	0	1	0	1	1
	50 – 54	1	1	2	1	1	2
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**2**	**3**	**5**	**7**	**2**	**9**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 043

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	3	2	5	0	0	0
	55 – 59	3	1	4	0	0	0
	60 – 64	2	3	5	0	0	0
	65+	0	3	3	0	0	0
	Total	**8**	**12**	**20**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	0	1	1	0	0	0
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	2	0	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**4**	**0**	**4**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 044

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	12	12	0	0	0
	30 – 34	2	14	16	0	0	0
	35 – 39	4	17	21	0	0	0
	40 – 44	9	25	34	0	0	0
	45 – 49	5	32	37	0	0	0
	50 – 54	10	44	54	0	0	0
	55 – 59	13	62	75	0	0	0
	60 – 64	6	34	40	0	0	0
	65+	1	10	11	0	0	0
	Total	**50**	**250**	**300**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	0	0	1	0	1
	40 – 44	0	0	0	0	2	2
	45 – 49	1	0	1	0	0	0
	50 – 54	1	8	9	4	3	7
	55 – 59	5	14	19	12	6	18
	60 – 64	14	36	50	31	14	45
	65+	5	9	14	19	2	21
	Total	**26**	**69**	**95**	**67**	**27**	**94**
Employee & Children	**0 – 19**	0	0	0	42	36	78
	20 – 24	0	0	0	42	36	78
	25 – 29	0	1	1	2	1	3
	30 – 34	1	1	2	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	5	8	13	0	0	0
	45 – 49	1	11	12	0	0	0
	50 – 54	6	7	13	0	0	0
	55 – 59	6	4	10	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**20**	**40**	**60**	**86**	**73**	**159**
Employee & Family	**0 – 19**	0	0	0	20	20	40
	20 – 24	0	0	0	20	20	40
	25 – 29	0	0	0	2	5	7
	30 – 34	0	1	1	1	0	1
	35 – 39	0	1	1	1	0	1
	40 – 44	1	4	5	3	1	4
	45 – 49	2	6	8	4	6	10
	50 – 54	9	10	19	12	12	24
	55 – 59	6	3	9	3	1	4
	60 – 64	3	3	6	3	1	4
	65+	0	0	0	2	0	2
	Total	**21**	**28**	**49**	**71**	**66**	**137**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 045

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	1	4	5	0	0	0
	35 – 39	2	0	2	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	4	15	19	0	0	0
	55 – 59	4	18	22	0	0	0
	60 – 64	5	8	13	0	0	0
	65+	1	2	3	0	0	0
	Total	**20**	**54**	**74**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	2	4	6	0	1	1
	60 – 64	1	3	4	6	3	9
	65+	0	0	0	2	0	2
	Total	**3**	**7**	**10**	**8**	**4**	**12**
Employee & Children	**0 – 19**	0	0	0	5	5	10
	20 – 24	0	0	0	5	5	10
	25 – 29	0	0	0	3	3	6
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	0	5	5	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**15**	**16**	**13**	**13**	**26**
Employee & Family	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	1	1
	55 – 59	1	1	2	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**6**	**5**	**11**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 046

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	0	0	0
	30 – 34	2	2	4	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	4	5	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	1	12	13	0	0	0
	55 – 59	1	11	12	0	0	0
	60 – 64	0	10	10	0	0	0
	65+	1	2	3	0	0	0
	Total	**8**	**45**	**53**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	0	0	0
	55 – 59	1	2	3	1	1	2
	60 – 64	2	3	5	1	2	3
	65+	0	0	0	3	0	3
	Total	**3**	**6**	**9**	**6**	**3**	**9**
Employee & Children	**0 – 19**	0	0	0	12	13	25
	20 – 24	0	0	0	12	13	25
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	2	2	4	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	3	5	8	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**13**	**21**	**24**	**26**	**50**
Employee & Family	**0 – 19**	0	0	0	3	5	8
	20 – 24	0	0	0	3	5	8
	25 – 29	0	0	0	0	2	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	0	2	1	1	2
	45 – 49	0	2	2	1	1	2
	50 – 54	1	0	1	0	2	2
	55 – 59	1	1	2	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**3**	**7**	**9**	**16**	**25**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 047

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**10**	**12**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	2	2	3	0	3
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**3**	**0**	**3**
Employee & Children	**0 – 19**	0	0	0	2	3	5
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**4**	**6**	**10**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 048

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	3	3	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**10**	**16**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	9	11	20
	20 – 24	0	0	0	9	11	20
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**8**	**10**	**18**	**22**	**40**
Employee & Family	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**2**	**3**	**5**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 049

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	0	5	5	0	0	0
	60 – 64	3	3	6	0	0	0
	65+	0	7	7	0	0	0
	Total	**6**	**17**	**23**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	5	0	5
	20 – 24	0	0	0	5	0	5
	25 – 29	0	0	0	0	3	3
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**5**	**7**	**10**	**3**	**13**
Employee & Family	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**3**	**5**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 050

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	1	1	2	0	0	0
	Total	**1**	**12**	**13**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	1	0	1	0	1	1
	Total	**1**	**2**	**3**	**2**	**1**	**3**
Employee & Children	**0 – 19**	0	0	0	16	16	32
	20 – 24	0	0	0	16	16	32
	25 – 29	0	0	0	2	2	4
	30 – 34	0	1	1	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	3	6	9	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**16**	**22**	**34**	**34**	**68**
Employee & Family	**0 – 19**	0	0	0	16	13	29
	20 – 24	0	0	0	16	13	29
	25 – 29	0	0	0	2	0	2
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	2	3	2	1	3
	45 – 49	1	4	5	3	1	4
	50 – 54	1	1	2	3	1	4
	55 – 59	0	4	4	3	0	3
	60 – 64	0	3	3	3	0	3
	65+	0	0	0	1	0	1
	Total	**3**	**15**	**18**	**49**	**29**	**78**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 051

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	2	3	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**4**	**6**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
For the Plan Year Ending in 2013

Benefit Package: Benefit Package 052

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 053

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**2**	**0**	**2**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 056

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	4	4	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	1	9	10	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**4**	**22**	**26**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	1	1
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	21	28	49
	20 – 24	0	0	0	21	28	49
	25 – 29	0	0	0	7	4	11
	30 – 34	0	0	0	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	0	8	8	0	0	0
	45 – 49	0	10	10	0	0	0
	50 – 54	2	16	18	0	0	0
	55 – 59	1	6	7	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**43**	**47**	**49**	**60**	**109**
Employee & Family	**0 – 19**	0	0	0	4	4	8
	20 – 24	0	0	0	4	4	8
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	1	1	2
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**10**	**9**	**19**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 057

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**1**	**4**	**5**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**1**	**1**
Employee & Children	**0 – 19**	0	0	0	8	9	17
	20 – 24	0	0	0	8	9	17
	25 – 29	0	0	0	1	2	3
	30 – 34	1	1	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	3	2	5	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**5**	**11**	**17**	**20**	**37**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 058

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**4**	**6**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	1	1	2
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	2	2
	55 – 59	3	2	5	2	0	2
	60 – 64	1	0	1	2	1	3
	65+	0	2	2	1	0	1
	Total	**4**	**6**	**10**	**6**	**4**	**10**
Employee & Children	**0 – 19**	0	0	0	6	8	14
	20 – 24	0	0	0	6	8	14
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	2	0	2	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**5**	**10**	**12**	**16**	**28**
Employee & Family	**0 – 19**	0	0	0	4	2	6
	20 – 24	0	0	0	4	2	6
	25 – 29	0	0	0	0	3	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	1	0	1
	45 – 49	2	0	2	1	2	3
	50 – 54	0	4	4	1	0	1
	55 – 59	0	1	1	4	0	4
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**7**	**9**	**15**	**9**	**24**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 059

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	1	5	6	0	0	0
	35 – 39	2	7	9	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	3	9	12	0	0	0
	55 – 59	3	16	19	0	0	0
	60 – 64	2	14	16	0	0	0
	65+	2	3	5	0	0	0
	Total	**15**	**60**	**75**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	1	1
	55 – 59	1	0	1	1	0	1
	60 – 64	0	1	1	1	0	1
	65+	0	1	1	1	0	1
	Total	**1**	**3**	**4**	**3**	**1**	**4**
Employee & Children	**0 – 19**	0	0	0	9	7	16
	20 – 24	0	0	0	9	7	16
	25 – 29	0	0	0	3	2	5
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	1	4	5	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	2	0	2	0	0	0
	65+	1	0	1	0	0	0
	Total	**6**	**15**	**21**	**21**	**16**	**37**
Employee & Family	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	1	1
	55 – 59	0	0	0	1	0	1
	60 – 64	1	1	2	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**4**	**2**	**6**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 060

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	3	4	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	0	4	4	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	0	7	7	0	0	0
	65+	1	1	2	0	0	0
	Total	**6**	**23**	**29**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	1	1
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	2	0	2
	45 – 49	0	2	2	0	0	0
	50 – 54	0	0	0	0	1	1
	55 – 59	3	2	5	2	2	4
	60 – 64	0	2	2	2	0	2
	65+	1	0	1	0	1	1
	Total	**5**	**6**	**11**	**6**	**5**	**11**
Employee & Children	**0 – 19**	0	0	0	17	12	29
	20 – 24	0	0	0	17	12	29
	25 – 29	0	1	1	3	3	6
	30 – 34	0	3	3	0	0	0
	35 – 39	1	1	2	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**22**	**29**	**37**	**27**	**64**
Employee & Family	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	2	0	2
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	1	1
	45 – 49	0	1	1	1	0	1
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**6**	**2**	**8**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 061

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	4	4	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**14**	**16**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	1	2	3	2	1	3
	65+	0	1	1	0	0	0
	Total	**1**	**4**	**5**	**4**	**1**	**5**
Employee & Children	**0 – 19**	0	0	0	12	11	23
	20 – 24	0	0	0	12	11	23
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	4	2	6	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**7**	**9**	**16**	**25**	**23**	**48**
Employee & Family	**0 – 19**	0	0	0	6	5	11
	20 – 24	0	0	0	6	5	11
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	1	1
	40 – 44	1	0	1	0	0	0
	45 – 49	0	1	1	1	1	2
	50 – 54	1	1	2	0	1	1
	55 – 59	1	1	2	1	2	3
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	1	0	1
	Total	**5**	**3**	**8**	**15**	**16**	**31**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 062

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	1	0	1	0	0	0
	Total	**3**	**4**	**7**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	2	2	3	0	3
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**3**	**0**	**3**
Employee & Children	**0 – 19**	0	0	0	2	0	2
	20 – 24	0	0	0	2	0	2
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**5**	**1**	**6**
Employee & Family	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	3	2	5
	25 – 29	0	0	0	1	2	3
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	0	0	0	0	0
	50 – 54	1	2	3	2	0	2
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	1	1	2	0	2
	Total	**1**	**5**	**6**	**12**	**7**	**19**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 063

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	10	34	44	0	0	0
	30 – 34	18	46	64	0	0	0
	35 – 39	14	36	50	0	0	0
	40 – 44	13	44	57	0	0	0
	45 – 49	12	37	49	0	0	0
	50 – 54	17	34	51	0	0	0
	55 – 59	16	40	56	0	0	0
	60 – 64	15	49	64	0	0	0
	65+	13	28	41	0	0	0
	Total	**128**	**348**	**476**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	1	1	2
	30 – 34	1	2	3	2	1	3
	35 – 39	1	4	5	2	2	4
	40 – 44	2	2	4	3	1	4
	45 – 49	2	0	2	4	2	6
	50 – 54	6	3	9	1	3	4
	55 – 59	4	8	12	5	5	10
	60 – 64	4	14	18	14	11	25
	65+	4	8	12	8	1	9
	Total	**25**	**43**	**68**	**40**	**27**	**67**
Employee & Children	**0 – 19**	0	0	0	145	150	295
	20 – 24	0	0	0	145	150	295
	25 – 29	0	1	1	26	27	53
	30 – 34	1	10	11	0	1	1
	35 – 39	9	21	30	0	0	0
	40 – 44	21	28	49	0	0	0
	45 – 49	19	23	42	0	0	0
	50 – 54	12	28	40	0	0	0
	55 – 59	14	35	49	0	0	0
	60 – 64	5	24	29	0	0	0
	65+	5	1	6	0	0	0
	Total	**86**	**171**	**257**	**316**	**328**	**644**
Employee & Family	**0 – 19**	0	0	0	52	56	108
	20 – 24	0	0	0	52	56	108
	25 – 29	0	0	0	5	5	10
	30 – 34	1	1	2	0	2	2
	35 – 39	3	6	9	6	5	11
	40 – 44	9	6	15	5	7	12
	45 – 49	4	12	16	7	5	12
	50 – 54	6	8	14	10	10	20
	55 – 59	7	8	15	7	5	12
	60 – 64	1	6	7	8	1	9
	65+	1	2	3	3	0	3
	Total	**32**	**49**	**81**	**155**	**152**	**307**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 064

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	6	6	0	0	0
	30 – 34	4	12	16	0	0	0
	35 – 39	2	7	9	0	0	0
	40 – 44	2	4	6	0	0	0
	45 – 49	3	5	8	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	3	3	6	0	0	0
	60 – 64	4	5	9	0	0	0
	65+	0	3	3	0	0	0
	Total	**19**	**46**	**65**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	1	1	1	0	1
	35 – 39	1	0	1	1	0	1
	40 – 44	1	1	2	1	1	2
	45 – 49	1	1	2	1	1	2
	50 – 54	1	3	4	2	2	4
	55 – 59	0	1	1	1	1	2
	60 – 64	3	4	7	3	4	7
	65+	1	1	2	1	0	1
	Total	**8**	**13**	**21**	**12**	**9**	**21**
Employee & Children	**0 – 19**	0	0	0	61	53	114
	20 – 24	0	0	0	61	53	114
	25 – 29	0	1	1	3	3	6
	30 – 34	1	4	5	0	0	0
	35 – 39	6	8	14	0	0	0
	40 – 44	3	11	14	0	0	0
	45 – 49	5	15	20	0	0	0
	50 – 54	4	14	18	0	0	0
	55 – 59	4	6	10	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	1	1	0	0	0
	Total	**24**	**62**	**86**	**125**	**109**	**234**
Employee & Family	**0 – 19**	0	0	0	11	15	26
	20 – 24	0	0	0	11	15	26
	25 – 29	0	0	0	4	0	4
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	3	3
	40 – 44	4	0	4	0	1	1
	45 – 49	2	1	3	0	2	2
	50 – 54	1	2	3	3	4	7
	55 – 59	5	4	9	3	2	5
	60 – 64	1	3	4	2	1	3
	65+	0	1	1	3	0	3
	Total	**14**	**11**	**25**	**37**	**44**	**81**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 065

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	12	22	34	0	0	0
	30 – 34	4	16	20	0	0	0
	35 – 39	17	25	42	0	0	0
	40 – 44	13	21	34	0	0	0
	45 – 49	16	30	46	0	0	0
	50 – 54	11	31	42	0	0	0
	55 – 59	36	44	80	0	0	0
	60 – 64	17	33	50	0	0	0
	65+	11	9	20	0	0	0
	Total	**137**	**231**	**368**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	2	5	2	4	6
	30 – 34	1	5	6	6	6	12
	35 – 39	8	2	10	2	2	4
	40 – 44	1	5	6	4	0	4
	45 – 49	6	6	12	6	7	13
	50 – 54	14	27	41	7	22	29
	55 – 59	23	42	65	31	27	58
	60 – 64	32	51	83	56	25	81
	65+	17	12	29	39	12	51
	Total	**105**	**152**	**257**	**153**	**105**	**258**
Employee & Children	**0 – 19**	0	0	0	127	152	279
	20 – 24	0	0	0	127	152	279
	25 – 29	1	8	9	4	4	8
	30 – 34	5	15	20	0	0	0
	35 – 39	9	20	29	0	0	0
	40 – 44	12	25	37	0	0	0
	45 – 49	8	25	33	0	0	0
	50 – 54	14	24	38	0	0	0
	55 – 59	14	15	29	0	0	0
	60 – 64	5	2	7	0	0	0
	65+	1	0	1	0	0	0
	Total	**69**	**134**	**203**	**258**	**308**	**566**
Employee & Family	**0 – 19**	0	0	0	289	294	583
	20 – 24	0	0	0	289	294	583
	25 – 29	5	4	9	22	22	44
	30 – 34	18	11	29	8	18	26
	35 – 39	23	25	48	24	28	52
	40 – 44	42	39	81	22	44	66
	45 – 49	32	40	72	47	29	76
	50 – 54	31	42	73	42	34	76
	55 – 59	20	20	40	26	12	38
	60 – 64	6	3	9	11	2	13
	65+	1	1	2	2	1	3
	Total	**178**	**185**	**363**	**782**	**778**	**1,560**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 066

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	15	29	44	0	0	0
	30 – 34	15	37	52	0	0	0
	35 – 39	10	21	31	0	0	0
	40 – 44	8	22	30	0	0	0
	45 – 49	5	30	35	0	0	0
	50 – 54	9	25	34	0	0	0
	55 – 59	5	34	39	0	0	0
	60 – 64	10	29	39	0	0	0
	65+	1	7	8	0	0	0
	Total	**78**	**234**	**312**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	4	4	5	2	7
	30 – 34	4	4	8	4	2	6
	35 – 39	2	3	5	1	2	3
	40 – 44	2	5	7	4	0	4
	45 – 49	4	4	8	6	2	8
	50 – 54	3	14	17	7	7	14
	55 – 59	10	36	46	27	12	39
	60 – 64	13	34	47	29	12	41
	65+	6	2	8	23	5	28
	Total	**44**	**106**	**150**	**108**	**44**	**152**
Employee & Children	**0 – 19**	0	0	0	142	161	303
	20 – 24	0	0	0	142	161	303
	25 – 29	2	3	5	6	6	12
	30 – 34	4	6	10	0	0	0
	35 – 39	4	10	14	0	0	0
	40 – 44	15	13	28	0	0	0
	45 – 49	6	25	31	0	0	0
	50 – 54	7	14	21	0	0	0
	55 – 59	5	13	18	0	0	0
	60 – 64	0	7	7	0	0	0
	65+	2	0	2	0	0	0
	Total	**45**	**91**	**136**	**290**	**328**	**618**
Employee & Family	**0 – 19**	0	0	0	88	118	206
	20 – 24	0	0	0	88	118	206
	25 – 29	2	0	2	12	9	21
	30 – 34	5	0	5	4	6	10
	35 – 39	4	0	4	9	9	18
	40 – 44	13	0	13	12	14	26
	45 – 49	9	0	9	19	12	31
	50 – 54	17	0	17	16	15	31
	55 – 59	11	0	11	14	7	21
	60 – 64	5	0	5	12	1	13
	65+	2	0	2	2	1	3
	Total	**68**	**0**	**68**	**276**	**310**	**586**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 067

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	15	40	55	0	0	0
	30 – 34	23	34	57	0	0	0
	35 – 39	17	44	61	0	0	0
	40 – 44	11	41	52	0	0	0
	45 – 49	15	41	56	0	0	0
	50 – 54	17	43	60	0	0	0
	55 – 59	18	56	74	0	0	0
	60 – 64	18	44	62	0	0	0
	65+	5	26	31	0	0	0
	Total	**141**	**369**	**510**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	6	11	3	6	9
	30 – 34	3	4	7	5	4	9
	35 – 39	3	6	9	4	3	7
	40 – 44	2	4	6	6	2	8
	45 – 49	2	8	10	4	1	5
	50 – 54	5	17	22	10	8	18
	55 – 59	15	34	49	28	15	43
	60 – 64	12	35	47	44	12	56
	65+	5	13	18	22	2	24
	Total	**52**	**127**	**179**	**126**	**53**	**179**
Employee & Children	**0 – 19**	0	0	0	227	176	403
	20 – 24	0	0	0	227	176	403
	25 – 29	0	0	0	10	17	27
	30 – 34	10	11	21	1	0	1
	35 – 39	7	20	27	0	0	0
	40 – 44	15	26	41	0	0	0
	45 – 49	12	24	36	0	0	0
	50 – 54	16	15	31	0	0	0
	55 – 59	5	14	19	0	0	0
	60 – 64	7	5	12	0	0	0
	65+	1	1	2	0	0	0
	Total	**73**	**116**	**189**	**465**	**369**	**834**
Employee & Family	**0 – 19**	0	0	0	153	165	318
	20 – 24	0	0	0	153	165	318
	25 – 29	5	0	5	6	13	19
	30 – 34	9	0	9	8	13	21
	35 – 39	10	0	10	15	16	31
	40 – 44	14	0	14	23	18	41
	45 – 49	17	0	17	22	11	33
	50 – 54	15	0	15	17	14	31
	55 – 59	13	0	13	20	10	30
	60 – 64	3	0	3	8	0	8
	65+	2	0	2	3	1	4
	Total	**88**	**0**	**88**	**428**	**426**	**854**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 068

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	9	11	0	0	0
	30 – 34	1	13	14	0	0	0
	35 – 39	6	11	17	0	0	0
	40 – 44	10	16	26	0	0	0
	45 – 49	10	11	21	0	0	0
	50 – 54	9	20	29	0	0	0
	55 – 59	5	32	37	0	0	0
	60 – 64	11	22	33	0	0	0
	65+	1	10	11	0	0	0
	Total	**55**	**144**	**199**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	4	1	5
	30 – 34	1	3	4	0	1	1
	35 – 39	0	1	1	1	0	1
	40 – 44	2	3	5	3	1	4
	45 – 49	1	3	4	3	3	6
	50 – 54	5	10	15	7	5	12
	55 – 59	2	22	24	15	3	18
	60 – 64	7	12	19	15	6	21
	65+	2	2	4	9	2	11
	Total	**21**	**57**	**78**	**57**	**22**	**79**
Employee & Children	**0 – 19**	0	0	0	59	63	122
	20 – 24	0	0	0	59	63	122
	25 – 29	0	1	1	3	3	6
	30 – 34	0	7	7	0	0	0
	35 – 39	0	12	12	0	0	0
	40 – 44	9	8	17	0	0	0
	45 – 49	2	12	14	0	0	0
	50 – 54	3	19	22	0	0	0
	55 – 59	6	12	18	0	0	0
	60 – 64	2	5	7	0	0	0
	65+	0	1	1	0	0	0
	Total	**22**	**77**	**99**	**121**	**129**	**250**
Employee & Family	**0 – 19**	0	0	0	101	102	203
	20 – 24	0	0	0	101	102	203
	25 – 29	2	0	2	4	9	13
	30 – 34	8	0	8	5	8	13
	35 – 39	12	0	12	10	12	22
	40 – 44	9	0	9	9	7	16
	45 – 49	12	0	12	10	15	25
	50 – 54	9	0	9	18	10	28
	55 – 59	8	0	8	12	7	19
	60 – 64	4	0	4	9	2	11
	65+	1	0	1	4	0	4
	Total	**65**	**0**	**65**	**283**	**274**	**557**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 069

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	15	55	70	0	0	0
	30 – 34	20	48	68	0	0	0
	35 – 39	15	37	52	0	0	0
	40 – 44	19	38	57	0	0	0
	45 – 49	11	42	53	0	0	0
	50 – 54	15	62	77	0	0	0
	55 – 59	22	73	95	0	0	0
	60 – 64	19	86	105	0	0	0
	65+	11	28	39	0	0	0
	Total	**147**	**469**	**616**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	2	5	2	4	6
	30 – 34	1	4	5	2	0	2
	35 – 39	0	2	2	3	0	3
	40 – 44	0	1	1	1	1	2
	45 – 49	1	5	6	4	2	6
	50 – 54	2	4	6	4	3	7
	55 – 59	7	20	27	9	8	17
	60 – 64	13	28	41	29	14	43
	65+	8	5	13	15	5	20
	Total	**35**	**71**	**106**	**69**	**37**	**106**
Employee & Children	**0 – 19**	0	0	0	186	168	354
	20 – 24	0	0	0	186	168	354
	25 – 29	5	0	5	8	10	18
	30 – 34	5	4	9	0	0	0
	35 – 39	9	2	11	0	0	0
	40 – 44	11	8	19	0	0	0
	45 – 49	11	13	24	0	0	0
	50 – 54	12	15	27	0	0	0
	55 – 59	8	9	17	0	0	0
	60 – 64	2	5	7	0	0	0
	65+	2	0	2	0	0	0
	Total	**65**	**56**	**121**	**380**	**346**	**726**
Employee & Family	**0 – 19**	0	0	0	87	71	158
	20 – 24	0	0	0	87	71	158
	25 – 29	1	0	1	2	2	4
	30 – 34	4	0	4	0	3	3
	35 – 39	7	0	7	5	13	18
	40 – 44	10	0	10	8	12	20
	45 – 49	6	0	6	14	5	19
	50 – 54	6	0	6	14	5	19
	55 – 59	8	0	8	5	7	12
	60 – 64	3	0	3	8	0	8
	65+	1	0	1	2	0	2
	Total	**46**	**0**	**46**	**232**	**189**	**421**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 070

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	10	15	25	0	0	0
	30 – 34	15	23	38	0	0	0
	35 – 39	9	16	25	0	0	0
	40 – 44	11	20	31	0	0	0
	45 – 49	16	23	39	0	0	0
	50 – 54	24	46	70	0	0	0
	55 – 59	26	56	82	0	0	0
	60 – 64	30	42	72	0	0	0
	65+	4	15	19	0	0	0
	Total	**145**	**256**	**401**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	3	3	1	1	2
	55 – 59	3	1	4	1	0	1
	60 – 64	1	0	1	2	3	5
	65+	1	0	1	0	1	1
	Total	**5**	**4**	**9**	**4**	**5**	**9**
Employee & Children	**0 – 19**	0	0	0	54	60	114
	20 – 24	0	0	0	54	60	114
	25 – 29	3	4	7	1	6	7
	30 – 34	2	6	8	0	0	0
	35 – 39	4	2	6	0	0	0
	40 – 44	5	9	14	0	0	0
	45 – 49	6	10	16	0	0	0
	50 – 54	4	9	13	0	0	0
	55 – 59	5	5	10	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**29**	**47**	**76**	**109**	**126**	**235**
Employee & Family	**0 – 19**	0	0	0	4	6	10
	20 – 24	0	0	0	4	6	10
	25 – 29	0	0	0	1	0	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	1	1	2
	40 – 44	0	0	0	1	0	1
	45 – 49	0	0	0	0	1	1
	50 – 54	1	0	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**0**	**2**	**12**	**14**	**26**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 071

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	66	168	234	0	0	0
	30 – 34	91	157	248	0	0	0
	35 – 39	56	136	192	0	0	0
	40 – 44	50	162	212	0	0	0
	45 – 49	54	161	215	0	0	0
	50 – 54	79	262	341	0	0	0
	55 – 59	110	318	428	0	0	0
	60 – 64	82	264	346	0	0	0
	65+	48	80	128	0	0	0
	Total	**636**	**1,708**	**2,344**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	5	7	4	4	8
	30 – 34	2	7	9	8	4	12
	35 – 39	3	6	9	3	6	9
	40 – 44	7	5	12	6	7	13
	45 – 49	8	20	28	7	6	13
	50 – 54	13	42	55	27	21	48
	55 – 59	25	82	107	52	23	75
	60 – 64	39	90	129	120	32	152
	65+	16	32	48	58	16	74
	Total	**115**	**289**	**404**	**285**	**119**	**404**
Employee & Children	**0 – 19**	0	0	0	858	802	1,660
	20 – 24	0	0	0	858	802	1,660
	25 – 29	4	29	33	49	54	103
	30 – 34	17	80	97	1	1	2
	35 – 39	66	146	212	0	0	0
	40 – 44	72	140	212	0	0	0
	45 – 49	72	175	247	0	0	0
	50 – 54	87	134	221	0	0	0
	55 – 59	35	102	137	0	0	0
	60 – 64	26	24	50	0	0	0
	65+	2	4	6	0	0	0
	Total	**381**	**834**	**1,215**	**1,766**	**1,659**	**3,425**
Employee & Family	**0 – 19**	0	0	0	351	291	642
	20 – 24	0	0	0	351	291	642
	25 – 29	2	0	2	23	21	44
	30 – 34	19	0	19	14	31	45
	35 – 39	31	0	31	19	32	51
	40 – 44	41	0	41	35	48	83
	45 – 49	43	0	43	47	39	86
	50 – 54	42	0	42	41	39	80
	55 – 59	28	0	28	49	25	74
	60 – 64	21	0	21	32	9	41
	65+	1	0	1	5	0	5
	Total	**228**	**0**	**228**	**967**	**826**	**1,793**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 072

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	68	141	209	0	0	0
	30 – 34	63	139	202	0	0	0
	35 – 39	55	109	164	0	0	0
	40 – 44	47	141	188	0	0	0
	45 – 49	55	133	188	0	0	0
	50 – 54	74	159	233	0	0	0
	55 – 59	95	231	326	0	0	0
	60 – 64	78	209	287	0	0	0
	65+	37	74	111	0	0	0
	Total	**572**	**1,336**	**1,908**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	11	16	10	10	20
	30 – 34	16	24	40	15	10	25
	35 – 39	5	9	14	11	9	20
	40 – 44	8	16	24	15	9	24
	45 – 49	10	14	24	13	12	25
	50 – 54	14	25	39	20	17	37
	55 – 59	31	66	97	40	33	73
	60 – 64	40	59	99	72	36	108
	65+	16	21	37	44	13	57
	Total	**145**	**245**	**390**	**240**	**149**	**389**
Employee & Children	**0 – 19**	0	0	0	525	543	1,068
	20 – 24	0	0	0	525	543	1,068
	25 – 29	3	2	5	40	28	68
	30 – 34	17	17	34	0	1	1
	35 – 39	30	32	62	0	0	0
	40 – 44	48	34	82	0	0	0
	45 – 49	44	35	79	0	0	0
	50 – 54	48	51	99	0	0	0
	55 – 59	36	36	72	0	0	0
	60 – 64	22	15	37	0	0	0
	65+	3	2	5	0	0	0
	Total	**251**	**224**	**475**	**1,090**	**1,115**	**2,205**
Employee & Family	**0 – 19**	0	0	0	349	289	638
	20 – 24	0	0	0	349	289	638
	25 – 29	2	0	2	20	20	40
	30 – 34	26	0	26	11	40	51
	35 – 39	36	0	36	25	40	65
	40 – 44	43	0	43	24	41	65
	45 – 49	43	0	43	36	38	74
	50 – 54	30	0	30	41	35	76
	55 – 59	32	0	32	35	22	57
	60 – 64	10	0	10	38	5	43
	65+	3	0	3	9	1	10
	Total	**225**	**0**	**225**	**937**	**820**	**1,757**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 073

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	12	17	29	0	0	0
	30 – 34	11	13	24	0	0	0
	35 – 39	6	19	25	0	0	0
	40 – 44	6	23	29	0	0	0
	45 – 49	3	16	19	0	0	0
	50 – 54	5	14	19	0	0	0
	55 – 59	6	12	18	0	0	0
	60 – 64	7	18	25	0	0	0
	65+	4	4	8	0	0	0
	Total	**62**	**136**	**198**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	4	7	3	3	6
	30 – 34	1	2	3	2	1	3
	35 – 39	2	5	7	3	3	6
	40 – 44	3	2	5	3	2	5
	45 – 49	1	2	3	1	2	3
	50 – 54	4	4	8	4	2	6
	55 – 59	5	20	25	10	8	18
	60 – 64	11	12	23	19	9	28
	65+	2	1	3	6	1	7
	Total	**32**	**52**	**84**	**51**	**31**	**82**
Employee & Children	**0 – 19**	0	0	0	175	205	380
	20 – 24	0	0	0	175	205	380
	25 – 29	2	6	8	12	9	21
	30 – 34	7	19	26	0	0	0
	35 – 39	16	27	43	0	0	0
	40 – 44	18	37	55	0	0	0
	45 – 49	20	30	50	0	0	0
	50 – 54	11	21	32	0	0	0
	55 – 59	6	19	25	0	0	0
	60 – 64	3	3	6	0	0	0
	65+	0	1	1	0	0	0
	Total	**83**	**163**	**246**	**362**	**419**	**781**
Employee & Family	**0 – 19**	0	0	0	61	81	142
	20 – 24	0	0	0	61	81	142
	25 – 29	2	0	2	3	6	9
	30 – 34	9	0	9	0	5	5
	35 – 39	5	0	5	3	5	8
	40 – 44	8	0	8	10	10	20
	45 – 49	5	0	5	10	5	15
	50 – 54	5	0	5	12	5	17
	55 – 59	4	0	4	5	3	8
	60 – 64	2	0	2	5	1	6
	65+	0	0	0	1	0	1
	Total	**40**	**0**	**40**	**171**	**202**	**373**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 074

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	59	105	164	0	0	0
	30 – 34	61	97	158	0	0	0
	35 – 39	41	80	121	0	0	0
	40 – 44	43	81	124	0	0	0
	45 – 49	34	93	127	0	0	0
	50 – 54	46	114	160	0	0	0
	55 – 59	53	145	198	0	0	0
	60 – 64	43	167	210	0	0	0
	65+	23	63	86	0	0	0
	Total	**403**	**945**	**1,348**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	1	8	9	9	4	13
	30 – 34	5	13	18	7	9	16
	35 – 39	6	12	18	15	4	19
	40 – 44	13	9	22	10	13	23
	45 – 49	11	13	24	10	9	19
	50 – 54	18	17	35	17	14	31
	55 – 59	25	58	83	32	32	64
	60 – 64	34	65	99	67	32	99
	65+	15	28	43	54	12	66
	Total	**128**	**223**	**351**	**221**	**131**	**352**
Employee & Children	**0 – 19**	0	0	0	386	375	761
	20 – 24	0	0	0	386	375	761
	25 – 29	8	12	20	43	37	80
	30 – 34	15	56	71	1	0	1
	35 – 39	31	68	99	0	0	0
	40 – 44	31	80	111	0	0	0
	45 – 49	40	95	135	0	0	0
	50 – 54	46	87	133	0	0	0
	55 – 59	41	71	112	0	0	0
	60 – 64	18	31	49	0	0	0
	65+	5	3	8	0	0	0
	Total	**235**	**503**	**738**	**816**	**787**	**1,603**
Employee & Family	**0 – 19**	0	0	0	159	158	317
	20 – 24	0	0	0	159	158	317
	25 – 29	2	0	2	17	14	31
	30 – 34	8	0	8	5	16	21
	35 – 39	15	0	15	12	20	32
	40 – 44	22	0	22	16	19	35
	45 – 49	16	0	16	19	21	40
	50 – 54	26	0	26	32	22	54
	55 – 59	19	0	19	27	17	44
	60 – 64	11	0	11	19	9	28
	65+	3	0	3	4	2	6
	Total	**122**	**0**	**122**	**469**	**456**	**925**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 075

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	14	42	56	0	0	0
	30 – 34	17	49	66	0	0	0
	35 – 39	22	49	71	0	0	0
	40 – 44	25	57	82	0	0	0
	45 – 49	17	70	87	0	0	0
	50 – 54	19	90	109	0	0	0
	55 – 59	28	97	125	0	0	0
	60 – 64	29	86	115	0	0	0
	65+	5	25	30	0	0	0
	Total	**176**	**565**	**741**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	1	2	3
	30 – 34	1	0	1	0	2	2
	35 – 39	1	1	2	1	2	3
	40 – 44	3	7	10	3	2	5
	45 – 49	2	5	7	4	4	8
	50 – 54	6	10	16	10	9	19
	55 – 59	16	43	59	23	16	39
	60 – 64	24	40	64	47	18	65
	65+	4	9	13	25	5	30
	Total	**58**	**116**	**174**	**114**	**60**	**174**
Employee & Children	**0 – 19**	0	0	0	264	277	541
	20 – 24	0	0	0	264	277	541
	25 – 29	0	2	2	15	15	30
	30 – 34	4	6	10	0	0	0
	35 – 39	17	13	30	0	0	0
	40 – 44	18	22	40	0	0	0
	45 – 49	18	15	33	0	0	0
	50 – 54	24	20	44	0	0	0
	55 – 59	10	24	34	0	0	0
	60 – 64	3	10	13	0	0	0
	65+	2	1	3	0	0	0
	Total	**96**	**113**	**209**	**543**	**569**	**1,112**
Employee & Family	**0 – 19**	0	0	0	126	136	262
	20 – 24	0	0	0	126	136	262
	25 – 29	4	0	4	17	13	30
	30 – 34	2	0	2	6	6	12
	35 – 39	5	0	5	9	12	21
	40 – 44	13	0	13	17	14	31
	45 – 49	14	0	14	15	18	33
	50 – 54	22	0	22	18	17	35
	55 – 59	18	0	18	26	13	39
	60 – 64	5	0	5	17	1	18
	65+	0	0	0	5	0	5
	Total	**83**	**0**	**83**	**382**	**366**	**748**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 076

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	34	98	132	0	0	0
	30 – 34	33	81	114	0	0	0
	35 – 39	37	96	133	0	0	0
	40 – 44	38	100	138	0	0	0
	45 – 49	58	118	176	0	0	0
	50 – 54	69	154	223	0	0	0
	55 – 59	96	232	328	0	0	0
	60 – 64	93	188	281	0	0	0
	65+	22	53	75	0	0	0
	Total	**480**	**1,120**	**1,600**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	3	4	3	2	5
	30 – 34	4	6	10	3	3	6
	35 – 39	3	4	7	3	4	7
	40 – 44	4	3	7	8	4	12
	45 – 49	7	8	15	3	6	9
	50 – 54	11	18	29	15	14	29
	55 – 59	20	55	75	26	23	49
	60 – 64	17	50	67	77	17	94
	65+	15	12	27	22	8	30
	Total	**82**	**159**	**241**	**160**	**81**	**241**
Employee & Children	**0 – 19**	0	0	0	592	592	1,184
	20 – 24	0	0	0	592	592	1,184
	25 – 29	3	18	21	42	36	78
	30 – 34	13	62	75	0	0	0
	35 – 39	53	93	146	0	0	0
	40 – 44	43	92	135	0	0	0
	45 – 49	63	109	172	0	0	0
	50 – 54	45	102	147	0	0	0
	55 – 59	26	66	92	0	0	0
	60 – 64	15	27	42	0	0	0
	65+	6	1	7	0	0	0
	Total	**267**	**570**	**837**	**1,226**	**1,220**	**2,446**
Employee & Family	**0 – 19**	0	0	0	180	182	362
	20 – 24	0	0	0	180	182	362
	25 – 29	1	0	1	14	19	33
	30 – 34	9	0	9	10	14	24
	35 – 39	17	0	17	15	20	35
	40 – 44	24	0	24	18	22	40
	45 – 49	20	0	20	16	28	44
	50 – 54	30	0	30	24	24	48
	55 – 59	23	0	23	39	19	58
	60 – 64	8	0	8	24	3	27
	65+	1	0	1	5	1	6
	Total	**133**	**0**	**133**	**525**	**514**	**1,039**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 077

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	10	13	0	0	0
	30 – 34	4	8	12	0	0	0
	35 – 39	9	6	15	0	0	0
	40 – 44	7	15	22	0	0	0
	45 – 49	2	8	10	0	0	0
	50 – 54	3	10	13	0	0	0
	55 – 59	4	31	35	0	0	0
	60 – 64	6	15	21	0	0	0
	65+	2	9	11	0	0	0
	Total	**40**	**112**	**152**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	1	1	2	1	1	2
	45 – 49	1	1	2	0	1	1
	50 – 54	5	0	5	0	3	3
	55 – 59	2	5	7	3	7	10
	60 – 64	2	2	4	4	1	5
	65+	1	1	2	1	0	1
	Total	**12**	**11**	**23**	**10**	**13**	**23**
Employee & Children	**0 – 19**	0	0	0	46	38	84
	20 – 24	0	0	0	46	38	84
	25 – 29	0	1	1	2	3	5
	30 – 34	0	7	7	0	0	0
	35 – 39	1	9	10	0	0	0
	40 – 44	4	6	10	0	0	0
	45 – 49	6	7	13	0	0	0
	50 – 54	3	7	10	0	0	0
	55 – 59	1	4	5	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**16**	**44**	**60**	**94**	**79**	**173**
Employee & Family	**0 – 19**	0	0	0	35	20	55
	20 – 24	0	0	0	35	20	55
	25 – 29	1	0	1	1	1	2
	30 – 34	1	0	1	3	1	4
	35 – 39	1	0	1	0	4	4
	40 – 44	4	0	4	5	2	7
	45 – 49	4	0	4	2	3	5
	50 – 54	2	0	2	1	2	3
	55 – 59	0	0	0	2	0	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**13**	**0**	**13**	**84**	**53**	**137**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 078

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**4**	**2**	**6**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 079

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	1	0	1	0	0	0
	20 – 24	1	0	1	0	0	0
	25 – 29	324	1,133	1,457	0	0	0
	30 – 34	458	1,209	1,667	0	0	0
	35 – 39	373	1,070	1,443	0	0	0
	40 – 44	443	1,174	1,617	0	0	0
	45 – 49	450	1,357	1,807	0	0	0
	50 – 54	566	2,034	2,600	0	0	0
	55 – 59	796	2,868	3,664	0	0	0
	60 – 64	652	2,510	3,162	0	0	0
	65+	217	799	1,016	0	0	0
	Total	**4,281**	**14,154**	**18,435**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	11	30	41	24	13	37
	30 – 34	16	25	41	30	26	56
	35 – 39	15	33	48	22	15	37
	40 – 44	15	27	42	28	22	50
	45 – 49	29	56	85	43	37	80
	50 – 54	71	198	269	110	111	221
	55 – 59	184	486	670	357	195	552
	60 – 64	217	603	820	636	180	816
	65+	112	169	281	365	84	449
	Total	**670**	**1,627**	**2,297**	**1,615**	**683**	**2,298**
Employee & Children	**0 – 19**	0	0	0	4,217	4,064	8,281
	20 – 24	0	0	0	4,217	4,064	8,281
	25 – 29	21	134	155	284	230	514
	30 – 34	107	458	565	5	7	12
	35 – 39	199	620	819	2	0	2
	40 – 44	307	816	1,123	1	0	1
	45 – 49	298	884	1,182	0	0	0
	50 – 54	313	873	1,186	0	0	0
	55 – 59	247	631	878	0	0	0
	60 – 64	92	210	302	0	0	0
	65+	13	19	32	0	0	0
	Total	**1,597**	**4,645**	**6,242**	**8,726**	**8,365**	**17,091**
Employee & Family	**0 – 19**	0	0	0	1,378	1,236	2,614
	20 – 24	0	0	0	1,378	1,236	2,614
	25 – 29	15	18	33	141	135	276
	30 – 34	39	49	88	43	74	117
	35 – 39	115	84	199	79	130	209
	40 – 44	154	154	308	100	159	259
	45 – 49	145	207	352	181	164	345
	50 – 54	191	303	494	253	189	442
	55 – 59	140	255	395	256	117	373
	60 – 64	73	86	159	182	34	216
	65+	12	9	21	54	4	58
	Total	**884**	**1,165**	**2,049**	**4,045**	**3,478**	**7,523**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
For the Plan Year Ending in 2013

Benefit Package: Benefit Package 080

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	188	455	643	0	0	0
	30 – 34	151	373	524	0	0	0
	35 – 39	124	343	467	0	0	0
	40 – 44	117	408	525	0	0	0
	45 – 49	116	497	613	0	0	0
	50 – 54	139	615	754	0	0	0
	55 – 59	154	630	784	0	0	0
	60 – 64	109	459	568	0	0	0
	65+	52	129	181	0	0	0
	Total	**1,150**	**3,909**	**5,059**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	19	37	56	24	25	49
	30 – 34	20	37	57	34	17	51
	35 – 39	19	33	52	34	21	55
	40 – 44	11	38	49	33	19	52
	45 – 49	23	49	72	30	25	55
	50 – 54	38	156	194	98	54	152
	55 – 59	95	320	415	266	106	372
	60 – 64	100	279	379	330	97	427
	65+	60	70	130	162	30	192
	Total	**385**	**1,019**	**1,404**	**1,011**	**394**	**1,405**
Employee & Children	**0 – 19**	0	0	0	2,663	2,496	5,159
	20 – 24	0	0	0	2,663	2,496	5,159
	25 – 29	27	84	111	148	128	276
	30 – 34	91	263	354	3	1	4
	35 – 39	159	377	536	0	0	0
	40 – 44	198	493	691	0	0	0
	45 – 49	199	514	713	0	0	0
	50 – 54	184	524	708	0	0	0
	55 – 59	124	265	389	0	0	0
	60 – 64	41	82	123	0	0	0
	65+	7	5	12	0	0	0
	Total	**1,030**	**2,607**	**3,637**	**5,477**	**5,121**	**10,598**
Employee & Family	**0 – 19**	0	0	0	1,202	1,177	2,379
	20 – 24	0	0	0	1,202	1,177	2,379
	25 – 29	10	14	24	89	88	177
	30 – 34	58	64	122	45	81	126
	35 – 39	98	104	202	87	107	194
	40 – 44	125	177	302	146	137	283
	45 – 49	120	198	318	175	130	305
	50 – 54	130	269	399	223	119	342
	55 – 59	79	167	246	203	61	264
	60 – 64	47	44	91	124	19	143
	65+	5	2	7	22	4	26
	Total	**672**	**1,039**	**1,711**	**3,518**	**3,100**	**6,618**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 081

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	101	395	496	0	0	0
	30 – 34	173	514	687	0	0	0
	35 – 39	149	447	596	0	0	0
	40 – 44	146	471	617	0	0	0
	45 – 49	153	585	738	0	0	0
	50 – 54	222	826	1,048	0	0	0
	55 – 59	295	1,157	1,452	0	0	0
	60 – 64	285	988	1,273	0	0	0
	65+	91	314	405	0	0	0
	Total	**1,615**	**5,697**	**7,312**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	2	2	4
	30 – 34	6	11	17	5	5	10
	35 – 39	6	6	12	8	7	15
	40 – 44	2	13	15	9	3	12
	45 – 49	5	32	37	20	10	30
	50 – 54	28	69	97	46	29	75
	55 – 59	53	157	210	111	66	177
	60 – 64	63	168	231	188	60	248
	65+	41	42	83	107	25	132
	Total	**206**	**499**	**705**	**496**	**207**	**703**
Employee & Children	**0 – 19**	0	0	0	1,719	1,593	3,312
	20 – 24	0	0	0	1,719	1,593	3,312
	25 – 29	6	44	50	76	92	168
	30 – 34	39	219	258	5	3	8
	35 – 39	92	264	356	1	2	3
	40 – 44	111	333	444	0	0	0
	45 – 49	108	306	414	0	0	0
	50 – 54	110	314	424	0	0	0
	55 – 59	77	195	272	0	0	0
	60 – 64	33	60	93	0	0	0
	65+	3	6	9	0	0	0
	Total	**579**	**1,741**	**2,320**	**3,520**	**3,283**	**6,803**
Employee & Family	**0 – 19**	0	0	0	454	483	937
	20 – 24	0	0	0	454	483	937
	25 – 29	4	3	7	38	43	81
	30 – 34	19	27	46	15	32	47
	35 – 39	25	38	63	35	39	74
	40 – 44	52	45	97	44	52	96
	45 – 49	56	67	123	57	66	123
	50 – 54	62	84	146	80	54	134
	55 – 59	46	52	98	60	29	89
	60 – 64	22	31	53	41	14	55
	65+	6	2	8	15	3	18
	Total	**292**	**349**	**641**	**1,293**	**1,298**	**2,591**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 082

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	2	5	7	0	0	0
	50 – 54	4	4	8	0	0	0
	55 – 59	0	6	6	0	0	0
	60 – 64	3	10	13	0	0	0
	65+	1	5	6	0	0	0
	Total	**14**	**37**	**51**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	1	1
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**1**	**1**
Employee & Children	**0 – 19**	0	0	0	12	3	15
	20 – 24	0	0	0	12	3	15
	25 – 29	0	0	0	0	1	1
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	3	1	4	0	0	0
	50 – 54	2	2	4	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**7**	**13**	**24**	**7**	**31**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 083

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	2	2
	20 – 24	0	0	0	0	2	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**4**	**4**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 084

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	2	0	2	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	1	8	9	0	0	0
	60 – 64	2	5	7	0	0	0
	65+	1	2	3	0	0	0
	Total	**9**	**24**	**33**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	2	2	0	0	0
	55 – 59	1	0	1	1	1	2
	60 – 64	1	4	5	3	2	5
	65+	0	1	1	1	0	1
	Total	**2**	**7**	**9**	**6**	**3**	**9**
Employee & Children	**0 – 19**	0	0	0	13	10	23
	20 – 24	0	0	0	13	10	23
	25 – 29	0	0	0	0	1	1
	30 – 34	0	1	1	0	0	0
	35 – 39	0	5	5	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	2	0	2	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**14**	**18**	**26**	**21**	**47**
Employee & Family	**0 – 19**	0	0	0	14	16	30
	20 – 24	0	0	0	14	16	30
	25 – 29	0	2	2	0	1	1
	30 – 34	0	1	1	1	0	1
	35 – 39	2	3	5	5	2	7
	40 – 44	2	1	3	1	1	2
	45 – 49	1	1	2	1	2	3
	50 – 54	2	2	4	2	1	3
	55 – 59	0	1	1	1	1	2
	60 – 64	0	1	1	0	0	0
	65+	1	0	1	1	0	1
	Total	**8**	**12**	**20**	**40**	**40**	**80**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 085

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**5**	**6**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	1	0	1
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
For the Plan Year Ending in 2013

Benefit Package: Benefit Package 086

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**2**	**6**	**8**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	1	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**2**	**2**	**4**
Employee & Children	**0 – 19**	0	0	0	2	3	5
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	1	0	1
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	2	2	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**5**	**6**	**11**
Employee & Family	**0 – 19**	0	0	0	12	7	19
	20 – 24	0	0	0	12	7	19
	25 – 29	0	0	0	1	1	2
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	1	1
	40 – 44	3	0	3	1	2	3
	45 – 49	1	0	1	0	1	1
	50 – 54	1	4	5	2	1	3
	55 – 59	0	1	1	2	0	2
	60 – 64	0	0	0	0	0	0
	65+	1	0	1	0	1	1
	Total	**6**	**6**	**12**	**31**	**21**	**52**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 087

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	8	10	0	0	0
	30 – 34	1	6	7	0	0	0
	35 – 39	2	10	12	0	0	0
	40 – 44	4	5	9	0	0	0
	45 – 49	1	12	13	0	0	0
	50 – 54	2	17	19	0	0	0
	55 – 59	6	20	26	0	0	0
	60 – 64	8	24	32	0	0	0
	65+	6	6	12	0	0	0
	Total	**32**	**108**	**140**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	3	3	2	0	2
	55 – 59	0	1	1	2	0	2
	60 – 64	0	3	3	3	1	4
	65+	1	2	3	2	0	2
	Total	**1**	**9**	**10**	**9**	**1**	**10**
Employee & Children	**0 – 19**	0	0	0	14	15	29
	20 – 24	0	0	0	14	15	29
	25 – 29	0	0	0	2	3	5
	30 – 34	0	2	2	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	1	3	4	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	4	6	10	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**8**	**23**	**31**	**30**	**33**	**63**
Employee & Family	**0 – 19**	0	0	0	2	4	6
	20 – 24	0	0	0	2	4	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	0	1	1	1	2
	50 – 54	1	2	3	1	1	2
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**2**	**4**	**6**	**8**	**10**	**18**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 088

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	2	3	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	2	6	8	0	0	0
	50 – 54	6	9	15	0	0	0
	55 – 59	1	8	9	0	0	0
	60 – 64	2	9	11	0	0	0
	65+	4	9	13	0	0	0
	Total	**18**	**45**	**63**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	1	0	1
	65+	0	1	1	0	0	0
	Total	**1**	**1**	**2**	**1**	**1**	**2**
Employee & Children	**0 – 19**	0	0	0	7	7	14
	20 – 24	0	0	0	7	7	14
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	0	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**4**	**7**	**14**	**14**	**28**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**1**	**2**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 089

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	12	19	31	0	0	0
	30 – 34	13	36	49	0	0	0
	35 – 39	20	43	63	0	0	0
	40 – 44	13	62	75	0	0	0
	45 – 49	16	70	86	0	0	0
	50 – 54	16	63	79	0	0	0
	55 – 59	15	83	98	0	0	0
	60 – 64	19	66	85	0	0	0
	65+	7	21	28	0	0	0
	Total	**131**	**463**	**594**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	2	1	3
	30 – 34	3	2	5	0	4	4
	35 – 39	2	2	4	4	3	7
	40 – 44	3	5	8	3	3	6
	45 – 49	2	7	9	4	3	7
	50 – 54	7	23	30	16	9	25
	55 – 59	11	40	51	40	10	50
	60 – 64	14	52	66	46	11	57
	65+	4	12	16	29	4	33
	Total	**47**	**145**	**192**	**144**	**48**	**192**
Employee & Children	**0 – 19**	0	0	0	1	214	215
	20 – 24	0	0	0	1	214	215
	25 – 29	3	0	3	0	18	18
	30 – 34	7	0	7	0	0	0
	35 – 39	14	0	14	0	0	0
	40 – 44	28	0	28	0	0	0
	45 – 49	22	1	23	0	0	0
	50 – 54	28	0	28	0	0	0
	55 – 59	20	0	20	0	0	0
	60 – 64	6	0	6	0	0	0
	65+	1	0	1	0	0	0
	Total	**129**	**1**	**130**	**2**	**446**	**448**
Employee & Family	**0 – 19**	0	0	0	131	131	262
	20 – 24	0	0	0	131	131	262
	25 – 29	0	0	0	12	13	25
	30 – 34	4	2	6	2	5	7
	35 – 39	10	2	12	2	15	17
	40 – 44	19	22	41	12	21	33
	45 – 49	16	21	37	23	18	41
	50 – 54	17	21	38	25	19	44
	55 – 59	19	23	42	20	11	31
	60 – 64	3	9	12	11	2	13
	65+	1	1	2	4	0	4
	Total	**89**	**101**	**190**	**373**	**366**	**739**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 090

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	3	3	6	0	0	0
	35 – 39	1	6	7	0	0	0
	40 – 44	2	5	7	0	0	0
	45 – 49	2	6	8	0	0	0
	50 – 54	5	12	17	0	0	0
	55 – 59	4	16	20	0	0	0
	60 – 64	7	24	31	0	0	0
	65+	1	2	3	0	0	0
	Total	**26**	**76**	**102**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	2	0	2	0	2	2
	60 – 64	0	2	2	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**2**	**2**	**4**
Employee & Children	**0 – 19**	0	0	0	6	10	16
	20 – 24	0	0	0	6	10	16
	25 – 29	0	0	0	1	0	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	1	4	5	0	0	0
	55 – 59	2	3	5	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**12**	**17**	**13**	**20**	**33**
Employee & Family	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	1	1
	55 – 59	1	0	1	0	1	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**3**	**0**	**3**	**4**	**5**	**9**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 091

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	2	2	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	3	2	5	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	1	3	4	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**17**	**25**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	1	1
	35 – 39	0	1	1	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	1	0	1	0	1	1
	50 – 54	1	1	2	0	1	1
	55 – 59	1	0	1	1	1	2
	60 – 64	1	1	2	0	1	1
	65+	0	0	0	1	0	1
	Total	**5**	**3**	**8**	**3**	**5**	**8**
Employee & Children	**0 – 19**	0	0	0	11	8	19
	20 – 24	0	0	0	11	8	19
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	3	1	4	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**8**	**13**	**22**	**16**	**38**
Employee & Family	**0 – 19**	0	0	0	17	12	29
	20 – 24	0	0	0	17	12	29
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	1	2	1	1	2
	40 – 44	1	0	1	0	1	1
	45 – 49	4	3	7	2	4	6
	50 – 54	2	1	3	1	2	3
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**5**	**13**	**39**	**33**	**72**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 092

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	9	4	13	0	0	0
	30 – 34	7	13	20	0	0	0
	35 – 39	6	13	19	0	0	0
	40 – 44	11	24	35	0	0	0
	45 – 49	10	36	46	0	0	0
	50 – 54	23	62	85	0	0	0
	55 – 59	25	80	105	0	0	0
	60 – 64	28	61	89	0	0	0
	65+	10	28	38	0	0	0
	Total	**129**	**321**	**450**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	1	1	2	1	0	1
	35 – 39	0	0	0	0	1	1
	40 – 44	1	0	1	1	0	1
	45 – 49	0	1	1	0	0	0
	50 – 54	1	2	3	1	0	1
	55 – 59	1	3	4	1	3	4
	60 – 64	4	5	9	7	3	10
	65+	4	4	8	5	4	9
	Total	**12**	**16**	**28**	**16**	**12**	**28**
Employee & Children	**0 – 19**	0	0	0	49	43	92
	20 – 24	0	0	0	49	43	92
	25 – 29	0	0	0	6	7	13
	30 – 34	2	4	6	0	0	0
	35 – 39	1	6	7	0	0	0
	40 – 44	5	10	15	0	1	1
	45 – 49	3	12	15	0	0	0
	50 – 54	3	15	18	0	0	0
	55 – 59	4	11	15	0	0	0
	60 – 64	5	3	8	0	0	0
	65+	0	1	1	0	0	0
	Total	**23**	**62**	**85**	**104**	**94**	**198**
Employee & Family	**0 – 19**	0	0	0	4	7	11
	20 – 24	0	0	0	4	7	11
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	1	2	3	0	2	2
	40 – 44	1	0	1	2	2	4
	45 – 49	2	0	2	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	0	2	2	0	1	1
	60 – 64	2	2	4	2	1	3
	65+	0	0	0	1	0	1
	Total	**6**	**6**	**12**	**14**	**21**	**35**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 093

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	13	18	0	0	0
	30 – 34	5	19	24	0	0	0
	35 – 39	7	10	17	0	0	0
	40 – 44	4	28	32	0	0	0
	45 – 49	6	25	31	0	0	0
	50 – 54	14	54	68	0	0	0
	55 – 59	21	67	88	0	0	0
	60 – 64	14	54	68	0	0	0
	65+	7	27	34	0	0	0
	Total	**83**	**297**	**380**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	4	4	2	0	2
	45 – 49	0	2	2	3	1	4
	50 – 54	2	2	4	2	3	5
	55 – 59	3	11	14	5	3	8
	60 – 64	4	16	20	17	4	21
	65+	1	4	5	8	1	9
	Total	**11**	**40**	**51**	**38**	**13**	**51**
Employee & Children	**0 – 19**	0	0	0	70	65	135
	20 – 24	0	0	0	70	65	135
	25 – 29	0	2	2	9	7	16
	30 – 34	1	9	10	0	0	0
	35 – 39	1	5	6	1	0	1
	40 – 44	3	18	21	0	0	0
	45 – 49	5	19	24	0	0	0
	50 – 54	4	29	33	0	0	0
	55 – 59	6	10	16	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	1	1	2	0	0	0
	Total	**22**	**96**	**118**	**150**	**137**	**287**
Employee & Family	**0 – 19**	0	0	0	14	21	35
	20 – 24	0	0	0	14	21	35
	25 – 29	0	0	0	3	3	6
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	1	4	5	5	2	7
	45 – 49	2	5	7	3	0	3
	50 – 54	5	6	11	4	6	10
	55 – 59	3	7	10	7	6	13
	60 – 64	4	2	6	4	0	4
	65+	0	0	0	2	0	2
	Total	**15**	**25**	**40**	**56**	**60**	**116**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 094

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	2	1	3	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	0	5	5	0	0	0
	55 – 59	1	7	8	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	1	1	0	0	0
	Total	**7**	**21**	**28**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	1	1
	55 – 59	0	5	5	3	0	3
	60 – 64	0	3	3	5	1	6
	65+	1	1	2	2	0	2
	Total	**1**	**11**	**12**	**10**	**2**	**12**
Employee & Children	**0 – 19**	0	0	0	1	2	3
	20 – 24	0	0	0	1	2	3
	25 – 29	0	0	0	0	0	0
	30 – 34	1	4	5	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	0	6	6	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	0	8	8	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**27**	**28**	**2**	**4**	**6**
Employee & Family	**0 – 19**	0	0	0	9	11	20
	20 – 24	0	0	0	9	11	20
	25 – 29	0	0	0	1	1	2
	30 – 34	2	1	3	0	2	2
	35 – 39	1	2	3	1	1	2
	40 – 44	0	1	1	3	0	3
	45 – 49	3	0	3	0	4	4
	50 – 54	1	2	3	1	1	2
	55 – 59	2	1	3	1	1	2
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**9**	**7**	**16**	**26**	**32**	**58**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 095

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	8	13	0	0	0
	30 – 34	1	10	11	0	0	0
	35 – 39	3	10	13	0	0	0
	40 – 44	4	14	18	0	0	0
	45 – 49	1	24	25	0	0	0
	50 – 54	6	39	45	0	0	0
	55 – 59	10	36	46	0	0	0
	60 – 64	6	36	42	0	0	0
	65+	4	6	10	0	0	0
	Total	**40**	**183**	**223**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	2	2
	45 – 49	1	1	2	1	0	1
	50 – 54	1	9	10	3	1	4
	55 – 59	2	10	12	7	2	9
	60 – 64	4	11	15	19	5	24
	65+	1	5	6	6	0	6
	Total	**9**	**37**	**46**	**36**	**10**	**46**
Employee & Children	**0 – 19**	0	0	0	81	66	147
	20 – 24	0	0	0	81	66	147
	25 – 29	1	1	2	7	9	16
	30 – 34	2	3	5	1	0	1
	35 – 39	4	5	9	0	0	0
	40 – 44	5	15	20	0	0	0
	45 – 49	5	29	34	0	0	0
	50 – 54	6	24	30	0	0	0
	55 – 59	5	20	25	0	0	0
	60 – 64	2	2	4	0	0	0
	65+	0	1	1	0	0	0
	Total	**30**	**100**	**130**	**170**	**141**	**311**
Employee & Family	**0 – 19**	0	0	0	31	15	46
	20 – 24	0	0	0	31	15	46
	25 – 29	0	0	0	2	0	2
	30 – 34	0	0	0	1	0	1
	35 – 39	1	3	4	0	0	0
	40 – 44	4	3	7	3	5	8
	45 – 49	0	9	9	7	0	7
	50 – 54	2	9	11	5	1	6
	55 – 59	0	5	5	11	1	12
	60 – 64	0	0	0	3	0	3
	65+	0	1	1	0	0	0
	Total	**7**	**30**	**37**	**94**	**37**	**131**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 096

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	25	28	0	0	0
	30 – 34	5	19	24	0	0	0
	35 – 39	4	15	19	0	0	0
	40 – 44	4	16	20	0	0	0
	45 – 49	8	21	29	0	0	0
	50 – 54	10	45	55	0	0	0
	55 – 59	14	49	63	0	0	0
	60 – 64	12	35	47	0	0	0
	65+	3	8	11	0	0	0
	Total	**63**	**233**	**296**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	2	2	4	2	2	4
	50 – 54	0	5	5	1	2	3
	55 – 59	0	4	4	2	0	2
	60 – 64	2	9	11	13	2	15
	65+	1	0	1	2	0	2
	Total	**6**	**20**	**26**	**20**	**6**	**26**
Employee & Children	**0 – 19**	0	0	0	57	53	110
	20 – 24	0	0	0	57	53	110
	25 – 29	1	2	3	0	2	2
	30 – 34	4	6	10	0	0	0
	35 – 39	3	7	10	0	0	0
	40 – 44	3	9	12	0	0	0
	45 – 49	3	12	15	0	0	0
	50 – 54	2	20	22	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	0	4	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**17**	**65**	**82**	**114**	**108**	**222**
Employee & Family	**0 – 19**	0	0	0	14	10	24
	20 – 24	0	0	0	14	10	24
	25 – 29	0	0	0	0	4	4
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	1	1
	40 – 44	0	0	0	0	0	0
	45 – 49	3	8	11	5	1	6
	50 – 54	0	2	2	4	2	6
	55 – 59	2	2	4	3	3	6
	60 – 64	1	0	1	0	1	1
	65+	2	0	2	0	0	0
	Total	**8**	**12**	**20**	**40**	**32**	**72**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 097

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	6	9	0	0	0
	30 – 34	3	2	5	0	0	0
	35 – 39	0	3	3	0	0	0
	40 – 44	7	13	20	0	0	0
	45 – 49	4	14	18	0	0	0
	50 – 54	4	31	35	0	0	0
	55 – 59	7	26	33	0	0	0
	60 – 64	3	21	24	0	0	0
	65+	4	12	16	0	0	0
	Total	**35**	**128**	**163**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	2	2	1	0	1
	55 – 59	0	3	3	1	1	2
	60 – 64	1	4	5	6	1	7
	65+	1	1	2	1	0	1
	Total	**2**	**10**	**12**	**10**	**2**	**12**
Employee & Children	**0 – 19**	0	0	0	17	15	32
	20 – 24	0	0	0	17	15	32
	25 – 29	0	0	0	3	1	4
	30 – 34	0	1	1	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	1	2	3	0	0	0
	55 – 59	2	3	5	0	0	0
	60 – 64	1	1	2	0	0	0
	65+	0	1	1	0	0	0
	Total	**7**	**21**	**28**	**37**	**31**	**68**
Employee & Family	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	3	2	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	3	1	4
	55 – 59	0	2	2	2	0	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**5**	**6**	**11**	**5**	**16**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 098

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	6	8	0	0	0
	30 – 34	1	7	8	0	0	0
	35 – 39	2	6	8	0	0	0
	40 – 44	2	10	12	0	0	0
	45 – 49	1	24	25	0	0	0
	50 – 54	1	17	18	0	0	0
	55 – 59	2	15	17	0	0	0
	60 – 64	3	12	15	0	0	0
	65+	1	1	2	0	0	0
	Total	**15**	**98**	**113**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	1	3	3	1	4
	30 – 34	1	2	3	0	1	1
	35 – 39	1	0	1	1	2	3
	40 – 44	1	3	4	3	1	4
	45 – 49	1	5	6	1	0	1
	50 – 54	3	5	8	3	2	5
	55 – 59	2	10	12	9	4	13
	60 – 64	4	11	15	14	5	19
	65+	1	0	1	3	0	3
	Total	**16**	**37**	**53**	**37**	**16**	**53**
Employee & Children	**0 – 19**	0	0	0	2	4	6
	20 – 24	0	0	0	2	4	6
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	3	1	4	0	0	0
	40 – 44	3	0	3	0	0	0
	45 – 49	5	0	5	0	0	0
	50 – 54	2	0	2	0	0	0
	55 – 59	1	1	2	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**14**	**2**	**16**	**5**	**9**	**14**
Employee & Family	**0 – 19**	0	0	0	63	51	114
	20 – 24	0	0	0	63	51	114
	25 – 29	3	0	3	6	6	12
	30 – 34	3	3	6	0	4	4
	35 – 39	9	3	12	3	6	9
	40 – 44	5	8	13	8	4	12
	45 – 49	4	10	14	7	5	12
	50 – 54	3	14	17	10	3	13
	55 – 59	2	6	8	10	4	14
	60 – 64	2	0	2	4	0	4
	65+	0	0	0	1	0	1
	Total	**31**	**44**	**75**	**175**	**134**	**309**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 099

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	1	0	1
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	1	2	1	2	3
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**2**	**4**	**2**	**2**	**4**
Employee & Children	**0 – 19**	0	0	0	3	4	7
	20 – 24	0	0	0	3	4	7
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**6**	**8**	**14**
Employee & Family	**0 – 19**	0	0	0	2	3	5
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	1	1
	45 – 49	1	0	1	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**5**	**7**	**12**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 100

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	2	2	3	0	3
	65+	0	0	0	0	0	0
	Total	**0**	**5**	**5**	**5**	**0**	**5**
Employee & Children	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**4**	**4**	**8**
Employee & Family	**0 – 19**	0	0	0	8	9	17
	20 – 24	0	0	0	8	9	17
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	2	0	2	0	2	2
	40 – 44	2	2	4	0	2	2
	45 – 49	0	1	1	2	0	2
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**3**	**7**	**19**	**22**	**41**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 104

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	4	8	0	0	0
	30 – 34	1	3	4	0	0	0
	35 – 39	0	6	6	0	0	0
	40 – 44	2	9	11	0	0	0
	45 – 49	1	5	6	0	0	0
	50 – 54	4	11	15	0	0	0
	55 – 59	2	4	6	0	0	0
	60 – 64	1	4	5	0	0	0
	65+	1	1	2	0	0	0
	Total	**16**	**47**	**63**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	1	1
	35 – 39	0	0	0	0	2	2
	40 – 44	2	1	3	0	1	1
	45 – 49	3	3	6	1	2	3
	50 – 54	3	8	11	6	1	7
	55 – 59	2	24	26	14	7	21
	60 – 64	7	15	22	25	3	28
	65+	1	1	2	6	1	7
	Total	**19**	**52**	**71**	**52**	**19**	**71**
Employee & Children	**0 – 19**	0	0	0	45	47	92
	20 – 24	0	0	0	45	47	92
	25 – 29	0	1	1	1	1	2
	30 – 34	2	5	7	0	0	0
	35 – 39	2	5	7	0	0	0
	40 – 44	7	9	16	0	0	0
	45 – 49	3	14	17	0	0	0
	50 – 54	3	8	11	0	0	0
	55 – 59	3	6	9	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**21**	**50**	**71**	**91**	**95**	**186**
Employee & Family	**0 – 19**	0	0	0	47	50	97
	20 – 24	0	0	0	47	50	97
	25 – 29	1	0	1	3	6	9
	30 – 34	0	2	2	0	1	1
	35 – 39	5	6	11	2	5	7
	40 – 44	5	6	11	7	7	14
	45 – 49	3	10	13	10	4	14
	50 – 54	5	9	14	9	2	11
	55 – 59	2	10	12	13	2	15
	60 – 64	2	1	3	3	2	5
	65+	1	0	1	0	0	0
	Total	**24**	**44**	**68**	**141**	**129**	**270**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 108

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	1	4	5	0	0	0
	35 – 39	5	5	10	0	0	0
	40 – 44	5	6	11	0	0	0
	45 – 49	3	15	18	0	0	0
	50 – 54	5	21	26	0	0	0
	55 – 59	8	42	50	0	0	0
	60 – 64	8	22	30	0	0	0
	65+	3	12	15	0	0	0
	Total	**39**	**127**	**166**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	1	0	1
	45 – 49	0	1	1	0	0	0
	50 – 54	0	2	2	2	0	2
	55 – 59	0	2	2	2	1	3
	60 – 64	1	3	4	2	0	2
	65+	0	2	2	3	0	3
	Total	**1**	**10**	**11**	**10**	**1**	**11**
Employee & Children	**0 – 19**	0	0	0	20	10	30
	20 – 24	0	0	0	20	10	30
	25 – 29	1	0	1	4	0	4
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	3	3	6	0	0	0
	45 – 49	2	4	6	0	0	0
	50 – 54	1	4	5	0	0	0
	55 – 59	0	11	11	0	0	0
	60 – 64	3	2	5	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**25**	**35**	**44**	**20**	**64**
Employee & Family	**0 – 19**	0	0	0	5	2	7
	20 – 24	0	0	0	5	2	7
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	2	1	3	1	0	1
	50 – 54	0	3	3	0	2	2
	55 – 59	2	2	4	3	0	3
	60 – 64	0	1	1	1	1	2
	65+	0	0	0	2	0	2
	Total	**4**	**7**	**11**	**18**	**8**	**26**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 110

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	4	12	16	0	0	0
	50 – 54	4	24	28	0	0	0
	55 – 59	6	24	30	0	0	0
	60 – 64	3	11	14	0	0	0
	65+	3	5	8	0	0	0
	Total	**25**	**84**	**109**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	2	2
	55 – 59	1	2	3	0	1	1
	60 – 64	2	2	4	4	0	4
	65+	0	1	1	2	0	2
	Total	**3**	**6**	**9**	**6**	**3**	**9**
Employee & Children	**0 – 19**	0	0	0	10	8	18
	20 – 24	0	0	0	10	8	18
	25 – 29	0	1	1	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	2	2	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	3	3	6	0	0	0
	55 – 59	2	4	6	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**5**	**14**	**19**	**21**	**17**	**38**
Employee & Family	**0 – 19**	0	0	0	2	3	5
	20 – 24	0	0	0	2	3	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	0	2	2	0	0	0
	50 – 54	1	1	2	1	0	1
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**1**	**3**	**4**	**7**	**7**	**14**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 111

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	6	7	13	0	0	0
	30 – 34	9	3	12	0	0	0
	35 – 39	2	4	6	0	0	0
	40 – 44	4	9	13	0	0	0
	45 – 49	5	23	28	0	0	0
	50 – 54	4	27	31	0	0	0
	55 – 59	13	44	57	0	0	0
	60 – 64	4	28	32	0	0	0
	65+	5	10	15	0	0	0
	Total	**52**	**155**	**207**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	7	7	6	1	7
	60 – 64	4	5	9	4	3	7
	65+	1	1	2	4	1	5
	Total	**5**	**14**	**19**	**14**	**5**	**19**
Employee & Children	**0 – 19**	0	0	0	24	17	41
	20 – 24	0	0	0	24	17	41
	25 – 29	0	0	0	3	2	5
	30 – 34	0	1	1	0	0	0
	35 – 39	2	3	5	0	0	0
	40 – 44	4	4	8	0	0	0
	45 – 49	1	6	7	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**9**	**22**	**31**	**51**	**36**	**87**
Employee & Family	**0 – 19**	0	0	0	3	6	9
	20 – 24	0	0	0	3	6	9
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	1	2
	45 – 49	1	0	1	0	1	1
	50 – 54	1	6	7	4	0	4
	55 – 59	0	1	1	2	0	2
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**2**	**9**	**11**	**16**	**14**	**30**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 113

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	10	10	0	0	0
	60 – 64	0	5	5	0	0	0
	65+	0	1	1	0	0	0
	Total	**0**	**28**	**28**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	2	2	1	0	1
	65+	0	0	0	1	0	1
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	1	2	3
	20 – 24	0	0	0	1	2	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**2**	**4**	**6**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 114

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	4	16	20	0	0	0
	30 – 34	6	18	24	0	0	0
	35 – 39	5	14	19	0	0	0
	40 – 44	5	28	33	0	0	0
	45 – 49	4	18	22	0	0	0
	50 – 54	4	29	33	0	0	0
	55 – 59	7	44	51	0	0	0
	60 – 64	10	40	50	0	0	0
	65+	6	8	14	0	0	0
	Total	**51**	**215**	**266**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	2	0	2
	40 – 44	0	1	1	1	0	1
	45 – 49	1	1	2	1	1	2
	50 – 54	0	4	4	1	0	1
	55 – 59	3	6	9	5	2	7
	60 – 64	2	19	21	14	3	17
	65+	2	2	4	9	2	11
	Total	**8**	**34**	**42**	**33**	**8**	**41**
Employee & Children	**0 – 19**	0	0	0	31	0	31
	20 – 24	0	0	0	31	0	31
	25 – 29	0	0	0	3	1	4
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	3	0	3	0	0	0
	50 – 54	5	0	5	0	0	0
	55 – 59	2	1	3	0	0	0
	60 – 64	2	0	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**13**	**1**	**14**	**65**	**1**	**66**
Employee & Family	**0 – 19**	0	0	0	30	30	60
	20 – 24	0	0	0	30	30	60
	25 – 29	2	1	3	2	0	2
	30 – 34	3	0	3	2	5	7
	35 – 39	2	3	5	3	4	7
	40 – 44	5	8	13	2	3	5
	45 – 49	2	4	6	4	3	7
	50 – 54	4	1	5	3	4	7
	55 – 59	1	0	1	1	2	3
	60 – 64	1	1	2	0	0	0
	65+	1	0	1	0	0	0
	Total	**21**	**18**	**39**	**77**	**81**	**158**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 115

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	6	6	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	5	5	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	1	1	0	0	0
	Total	**0**	**18**	**18**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	1	1	1	0	1
	Total	**0**	**2**	**2**	**2**	**0**	**2**
Employee & Children	**0 – 19**	0	0	0	1	2	3
	20 – 24	0	0	0	1	2	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**4**	**6**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 116

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	6	9	15	0	0	0
	30 – 34	4	13	17	0	0	0
	35 – 39	5	13	18	0	0	0
	40 – 44	6	21	27	0	0	0
	45 – 49	9	27	36	0	0	0
	50 – 54	8	22	30	0	0	0
	55 – 59	10	38	48	0	0	0
	60 – 64	6	36	42	0	0	0
	65+	3	13	16	0	0	0
	Total	**57**	**192**	**249**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	0	1	0	1	1
	30 – 34	0	1	1	0	2	2
	35 – 39	2	0	2	2	0	2
	40 – 44	0	1	1	0	1	1
	45 – 49	2	1	3	0	1	1
	50 – 54	2	3	5	3	2	5
	55 – 59	3	6	9	4	5	9
	60 – 64	4	7	11	6	3	9
	65+	2	0	2	4	1	5
	Total	**16**	**19**	**35**	**19**	**16**	**35**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	2	0	2	0	0	0
	45 – 49	3	0	3	0	0	0
	50 – 54	1	1	2	1	0	1
	55 – 59	1	0	1	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	1	0	1	0	0	0
	Total	**9**	**1**	**10**	**1**	**1**	**2**
Employee & Family	**0 – 19**	0	0	0	15	19	34
	20 – 24	0	0	0	15	19	34
	25 – 29	0	0	0	2	2	4
	30 – 34	0	0	0	0	0	0
	35 – 39	2	1	3	0	4	4
	40 – 44	2	1	3	2	1	3
	45 – 49	2	2	4	1	4	5
	50 – 54	5	4	9	4	2	6
	55 – 59	4	5	9	3	3	6
	60 – 64	0	1	1	4	1	5
	65+	0	0	0	0	0	0
	Total	**15**	**14**	**29**	**46**	**55**	**101**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
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Benefit Package: Benefit Package 121

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	8	11	0	0	0
	30 – 34	2	11	13	0	0	0
	35 – 39	7	14	21	0	0	0
	40 – 44	1	20	21	0	0	0
	45 – 49	1	33	34	0	0	0
	50 – 54	4	37	41	0	0	0
	55 – 59	14	43	57	0	0	0
	60 – 64	12	35	47	0	0	0
	65+	4	13	17	0	0	0
	Total	**48**	**214**	**262**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	1	1
	50 – 54	1	2	3	1	1	2
	55 – 59	2	7	9	5	2	7
	60 – 64	3	3	6	6	3	9
	65+	3	1	4	3	2	5
	Total	**9**	**15**	**24**	**15**	**9**	**24**
Employee & Children	**0 – 19**	0	0	0	44	0	44
	20 – 24	0	0	0	44	0	44
	25 – 29	0	0	0	8	1	9
	30 – 34	0	0	0	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	2	0	2	0	0	0
	45 – 49	2	0	2	0	0	0
	50 – 54	2	0	2	0	0	0
	55 – 59	2	0	2	0	0	0
	60 – 64	3	0	3	0	0	0
	65+	0	0	0	0	0	0
	Total	**12**	**0**	**12**	**96**	**1**	**97**
Employee & Family	**0 – 19**	0	0	0	9	11	20
	20 – 24	0	0	0	9	11	20
	25 – 29	0	1	1	0	1	1
	30 – 34	0	1	1	1	0	1
	35 – 39	0	1	1	2	1	3
	40 – 44	1	1	2	1	1	2
	45 – 49	3	2	5	1	3	4
	50 – 54	1	1	2	1	3	4
	55 – 59	4	0	4	1	1	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**9**	**7**	**16**	**25**	**32**	**57**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 122

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	5	11	16	0	0	0
	30 – 34	3	11	14	0	0	0
	35 – 39	0	7	7	0	0	0
	40 – 44	3	10	13	0	0	0
	45 – 49	1	18	19	0	0	0
	50 – 54	7	22	29	0	0	0
	55 – 59	10	31	41	0	0	0
	60 – 64	0	30	30	0	0	0
	65+	5	11	16	0	0	0
	Total	**34**	**151**	**185**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	2	0	2
	45 – 49	1	1	2	1	0	1
	50 – 54	1	2	3	0	3	3
	55 – 59	2	3	5	3	3	6
	60 – 64	1	6	7	6	0	6
	65+	0	3	3	4	0	4
	Total	**5**	**18**	**23**	**17**	**6**	**23**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	1	1	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**1**	**1**	**2**
Employee & Family	**0 – 19**	0	0	0	9	17	26
	20 – 24	0	0	0	9	17	26
	25 – 29	0	0	0	0	1	1
	30 – 34	0	1	1	1	0	1
	35 – 39	1	1	2	3	3	6
	40 – 44	3	4	7	1	1	2
	45 – 49	0	2	2	3	1	4
	50 – 54	1	1	2	1	1	2
	55 – 59	1	2	3	1	2	3
	60 – 64	2	0	2	1	0	1
	65+	0	1	1	1	0	1
	Total	**8**	**12**	**20**	**30**	**43**	**73**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 123

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	1	1	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**4**	**5**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	1	1	2	0	1	1
	60 – 64	0	1	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**2**	**1**	**3**
Employee & Children	**0 – 19**	0	0	0	2	2	4
	20 – 24	0	0	0	2	2	4
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	1	2	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**4**	**4**	**8**
Employee & Family	**0 – 19**	0	0	0	1	3	4
	20 – 24	0	0	0	1	3	4
	25 – 29	0	0	0	1	0	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	1	0	1	0	0	0
	50 – 54	0	2	2	1	0	1
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**2**	**3**	**5**	**7**	**12**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
For the Plan Year Ending in 2013

Benefit Package: Benefit Package 127

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	1	0	1
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	1	0	1
	Total	**0**	**3**	**3**	**3**	**0**	**3**
Employee & Children	**0 – 19**	0	0	0	7	5	12
	20 – 24	0	0	0	7	5	12
	25 – 29	0	0	0	0	0	0
	30 – 34	1	1	2	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	1	0	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**5**	**7**	**14**	**10**	**24**
Employee & Family	**0 – 19**	0	0	0	9	6	15
	20 – 24	0	0	0	9	6	15
	25 – 29	1	0	1	0	1	1
	30 – 34	0	0	0	0	1	1
	35 – 39	0	3	3	2	1	3
	40 – 44	1	1	2	1	0	1
	45 – 49	0	0	0	1	0	1
	50 – 54	1	0	1	0	1	1
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	1	0	1
	Total	**3**	**5**	**8**	**23**	**16**	**39**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 128

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	3	4	0	0	0
	30 – 34	4	0	4	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	2	2	0	0	0
	55 – 59	1	5	6	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**9**	**14**	**23**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	2	1	3
	30 – 34	0	2	2	2	0	2
	35 – 39	0	2	2	0	0	0
	40 – 44	1	2	3	3	2	5
	45 – 49	3	3	6	4	3	7
	50 – 54	4	6	10	2	3	5
	55 – 59	3	10	13	9	3	12
	60 – 64	1	7	8	11	1	12
	65+	0	8	8	9	0	9
	Total	**13**	**41**	**54**	**42**	**13**	**55**
Employee & Children	**0 – 19**	0	0	0	60	56	116
	20 – 24	0	0	0	60	56	116
	25 – 29	1	3	4	2	5	7
	30 – 34	0	8	8	0	0	0
	35 – 39	2	13	15	0	0	0
	40 – 44	4	8	12	0	0	0
	45 – 49	1	14	15	0	0	0
	50 – 54	2	8	10	0	0	0
	55 – 59	3	3	6	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	1	1	0	0	0
	Total	**13**	**58**	**71**	**122**	**117**	**239**
Employee & Family	**0 – 19**	0	0	0	50	44	94
	20 – 24	0	0	0	50	44	94
	25 – 29	0	1	1	5	2	7
	30 – 34	6	3	9	3	8	11
	35 – 39	5	4	9	6	4	10
	40 – 44	1	6	7	6	3	9
	45 – 49	3	10	13	5	2	7
	50 – 54	6	5	11	8	3	11
	55 – 59	3	6	9	4	3	7
	60 – 64	0	2	2	2	0	2
	65+	0	1	1	4	0	4
	Total	**24**	**38**	**62**	**143**	**113**	**256**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 129

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	9	23	32	0	0	0
	30 – 34	13	23	36	0	0	0
	35 – 39	9	27	36	0	0	0
	40 – 44	6	28	34	0	0	0
	45 – 49	11	25	36	0	0	0
	50 – 54	11	39	50	0	0	0
	55 – 59	14	52	66	0	0	0
	60 – 64	14	63	77	0	0	0
	65+	4	22	26	0	0	0
	Total	**91**	**302**	**393**	**2**	**2**	**4**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	1	0	1
	45 – 49	0	1	1	0	0	0
	50 – 54	1	0	1	1	1	2
	55 – 59	0	11	11	8	3	11
	60 – 64	3	15	18	13	4	17
	65+	4	3	7	7	0	7
	Total	**8**	**31**	**39**	**31**	**8**	**39**
Employee & Children	**0 – 19**	0	0	0	132	107	239
	20 – 24	0	0	0	132	107	239
	25 – 29	0	2	2	8	8	16
	30 – 34	4	16	20	0	0	0
	35 – 39	12	20	32	0	0	0
	40 – 44	5	19	24	0	0	0
	45 – 49	14	17	31	0	0	0
	50 – 54	6	21	27	0	0	0
	55 – 59	9	20	29	0	0	0
	60 – 64	2	7	9	0	0	0
	65+	1	0	1	0	0	0
	Total	**53**	**122**	**175**	**272**	**222**	**494**
Employee & Family	**0 – 19**	0	0	0	16	14	30
	20 – 24	0	0	0	16	14	30
	25 – 29	0	0	0	2	0	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	2	2	4
	40 – 44	2	1	3	0	1	1
	45 – 49	2	2	4	1	2	3
	50 – 54	3	3	6	4	3	7
	55 – 59	2	5	7	2	0	2
	60 – 64	0	0	0	4	1	5
	65+	0	1	1	0	0	0
	Total	**9**	**13**	**22**	**47**	**37**	**84**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 130

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	4	19	23	0	0	0
	30 – 34	4	20	24	0	0	0
	35 – 39	3	18	21	0	0	0
	40 – 44	3	15	18	0	0	0
	45 – 49	4	16	20	0	0	0
	50 – 54	3	16	19	0	0	0
	55 – 59	6	17	23	0	0	0
	60 – 64	7	14	21	0	0	0
	65+	1	2	3	0	0	0
	Total	**35**	**137**	**172**	**0**	**2**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	1	0	1
	45 – 49	1	1	2	1	1	2
	50 – 54	2	3	5	2	2	4
	55 – 59	2	10	12	8	2	10
	60 – 64	4	10	14	8	6	14
	65+	5	0	5	5	4	9
	Total	**15**	**25**	**40**	**25**	**15**	**40**
Employee & Children	**0 – 19**	0	0	0	143	143	286
	20 – 24	0	0	0	143	143	286
	25 – 29	1	6	7	2	3	5
	30 – 34	2	19	21	1	0	1
	35 – 39	7	31	38	0	0	0
	40 – 44	11	18	29	0	0	0
	45 – 49	11	21	32	0	0	0
	50 – 54	10	11	21	0	0	0
	55 – 59	4	9	13	0	0	0
	60 – 64	1	2	3	0	0	0
	65+	1	1	2	0	0	0
	Total	**48**	**118**	**166**	**289**	**289**	**578**
Employee & Family	**0 – 19**	0	0	0	39	44	83
	20 – 24	0	0	0	39	44	83
	25 – 29	0	0	0	4	3	7
	30 – 34	2	4	6	1	2	3
	35 – 39	6	5	11	5	4	9
	40 – 44	2	5	7	3	6	9
	45 – 49	2	4	6	9	1	10
	50 – 54	3	6	9	5	3	8
	55 – 59	3	2	5	1	2	3
	60 – 64	0	2	2	2	0	2
	65+	0	0	0	1	0	1
	Total	**18**	**28**	**46**	**109**	**109**	**218**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 131

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	1	1
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**1**	**1**
Employee & Children	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	1	0	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**4**	**2**	**6**
Employee & Family	**0 – 19**	0	0	0	9	10	19
	20 – 24	0	0	0	9	10	19
	25 – 29	0	0	0	0	2	2
	30 – 34	1	1	2	0	1	1
	35 – 39	2	0	2	1	2	3
	40 – 44	0	0	0	0	0	0
	45 – 49	1	1	2	0	0	0
	50 – 54	0	0	0	1	0	1
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**3**	**7**	**21**	**25**	**46**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 132

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**4**	**4**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	2	1	3
	20 – 24	0	0	0	2	1	3
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**4**	**2**	**6**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	1	0	1
	Total	**0**	**1**	**1**	**1**	**0**	**1**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 133

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	4	7	0	0	0
	30 – 34	5	6	11	0	0	0
	35 – 39	1	7	8	0	0	0
	40 – 44	3	10	13	0	0	0
	45 – 49	2	7	9	0	0	0
	50 – 54	0	16	16	0	0	0
	55 – 59	3	17	20	0	0	0
	60 – 64	1	14	15	0	0	0
	65+	0	1	1	0	0	0
	Total	**18**	**82**	**100**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	2	2
	35 – 39	2	0	2	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	1	2	3	0	2	2
	50 – 54	1	2	3	3	2	5
	55 – 59	1	8	9	4	1	5
	60 – 64	2	5	7	7	0	7
	65+	1	1	2	4	1	5
	Total	**8**	**18**	**26**	**18**	**8**	**26**
Employee & Children	**0 – 19**	0	0	0	25	21	46
	20 – 24	0	0	0	25	21	46
	25 – 29	2	0	2	1	1	2
	30 – 34	0	2	2	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	2	5	7	0	0	0
	45 – 49	3	6	9	0	0	0
	50 – 54	1	10	11	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**8**	**27**	**35**	**51**	**43**	**94**
Employee & Family	**0 – 19**	0	0	0	15	15	30
	20 – 24	0	0	0	15	15	30
	25 – 29	1	0	1	1	3	4
	30 – 34	1	0	1	0	0	0
	35 – 39	1	1	2	1	2	3
	40 – 44	0	2	2	0	0	0
	45 – 49	1	7	8	8	0	8
	50 – 54	0	7	7	7	1	8
	55 – 59	0	1	1	1	0	1
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**4**	**18**	**22**	**49**	**36**	**85**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 134

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	0	0	0
	30 – 34	0	2	2	0	0	0
	35 – 39	1	0	1	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	4	4	0	0	0
	50 – 54	0	4	4	0	0	0
	55 – 59	0	3	3	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**18**	**20**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	2	3	2	2	4
	30 – 34	1	0	1	2	0	2
	35 – 39	0	0	0	0	0	0
	40 – 44	0	2	2	0	0	0
	45 – 49	0	0	0	1	0	1
	50 – 54	0	1	1	1	0	1
	55 – 59	0	0	0	0	1	1
	60 – 64	2	4	6	4	1	5
	65+	0	0	0	0	0	0
	Total	**4**	**9**	**13**	**10**	**4**	**14**
Employee & Children	**0 – 19**	0	0	0	10	17	27
	20 – 24	0	0	0	10	17	27
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	2	1	3	0	0	0
	40 – 44	1	2	3	0	0	0
	45 – 49	0	5	5	0	0	0
	50 – 54	1	4	5	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**14**	**18**	**20**	**35**	**55**
Employee & Family	**0 – 19**	0	0	0	3	9	12
	20 – 24	0	0	0	3	9	12
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	1	1	0	0	0
	45 – 49	0	2	2	1	0	1
	50 – 54	2	1	3	2	2	4
	55 – 59	0	3	3	3	0	3
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**2**	**8**	**10**	**14**	**20**	**34**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 135

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	6	8	1	0	1
	30 – 34	2	5	7	0	0	0
	35 – 39	1	9	10	0	0	0
	40 – 44	2	16	18	0	0	0
	45 – 49	2	12	14	0	0	0
	50 – 54	4	17	21	0	0	0
	55 – 59	5	18	23	0	0	0
	60 – 64	2	7	9	0	0	0
	65+	1	1	2	0	0	0
	Total	**21**	**91**	**112**	**1**	**0**	**1**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	2	2	2	0	2
	35 – 39	0	0	0	1	1	2
	40 – 44	1	2	3	1	1	2
	45 – 49	0	3	3	3	0	3
	50 – 54	0	1	1	0	0	0
	55 – 59	2	5	7	5	1	6
	60 – 64	0	5	5	6	1	7
	65+	2	0	2	0	1	1
	Total	**5**	**18**	**23**	**18**	**5**	**23**
Employee & Children	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	2	2	2	0	2
	30 – 34	0	10	10	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	0	7	7	0	0	0
	45 – 49	0	7	7	0	1	1
	50 – 54	1	9	10	0	0	0
	55 – 59	0	2	2	0	1	1
	60 – 64	1	1	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**2**	**42**	**44**	**4**	**2**	**6**
Employee & Family	**0 – 19**	0	0	0	37	29	66
	20 – 24	0	0	0	37	29	66
	25 – 29	0	0	0	1	1	2
	30 – 34	2	4	6	1	2	3
	35 – 39	2	5	7	6	2	8
	40 – 44	2	6	8	8	3	11
	45 – 49	1	8	9	6	2	8
	50 – 54	6	5	11	7	3	10
	55 – 59	0	4	4	4	1	5
	60 – 64	0	0	0	2	1	3
	65+	1	0	1	0	0	0
	Total	**14**	**32**	**46**	**109**	**73**	**182**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 136

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	6	6	0	0	0
	50 – 54	0	3	3	0	0	0
	55 – 59	0	2	2	0	0	0
	60 – 64	0	2	2	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**17**	**17**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	1	0	1
	45 – 49	0	1	1	1	0	1
	50 – 54	0	2	2	1	0	1
	55 – 59	0	1	1	2	0	2
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**5**	**5**	**5**	**0**	**5**
Employee & Children	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**2**	**2**	**4**
Employee & Family	**0 – 19**	0	0	0	1	0	1
	20 – 24	0	0	0	1	0	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**4**	**0**	**4**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 137

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	0	2	0	0	0
	30 – 34	1	4	5	0	0	0
	35 – 39	2	3	5	0	0	0
	40 – 44	1	1	2	0	0	0
	45 – 49	1	2	3	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	2	2	4	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**15**	**25**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	1	0	1
	30 – 34	0	1	1	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	2	2	3	0	3
	45 – 49	1	0	1	1	0	1
	50 – 54	0	2	2	2	0	2
	55 – 59	0	3	3	1	0	1
	60 – 64	0	0	0	2	0	2
	65+	0	0	0	0	0	0
	Total	**1**	**10**	**11**	**11**	**0**	**11**
Employee & Children	**0 – 19**	0	0	0	17	20	37
	20 – 24	0	0	0	17	20	37
	25 – 29	0	1	1	1	0	1
	30 – 34	0	2	2	0	0	0
	35 – 39	1	4	5	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	2	1	3	0	0	0
	50 – 54	1	5	6	0	0	0
	55 – 59	2	1	3	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**6**	**17**	**23**	**35**	**40**	**75**
Employee & Family	**0 – 19**	0	0	0	40	61	101
	20 – 24	0	0	0	40	61	101
	25 – 29	2	0	2	1	3	4
	30 – 34	1	2	3	0	5	5
	35 – 39	9	7	16	6	5	11
	40 – 44	4	4	8	7	7	14
	45 – 49	12	3	15	2	9	11
	50 – 54	4	5	9	3	3	6
	55 – 59	3	1	4	2	4	6
	60 – 64	1	0	1	2	0	2
	65+	0	0	0	0	0	0
	Total	**36**	**22**	**58**	**103**	**158**	**261**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 138

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	1	1	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	1	1	1	0	1
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**3**	**0**	**3**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	3	2	5
	20 – 24	0	0	0	3	2	5
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	1	1	1	0	1
	40 – 44	0	0	0	0	0	0
	45 – 49	0	2	2	1	0	1
	50 – 54	0	0	0	1	0	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**3**	**3**	**9**	**4**	**13**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 173

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	2	4	0	0	0
	30 – 34	0	1	1	0	0	0
	35 – 39	2	6	8	0	0	0
	40 – 44	1	5	6	0	0	0
	45 – 49	2	13	15	0	0	0
	50 – 54	6	40	46	0	0	0
	55 – 59	9	33	42	0	0	0
	60 – 64	5	20	25	0	0	0
	65+	2	5	7	0	0	0
	Total	**29**	**125**	**154**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	1	1	1	1	2
	50 – 54	2	0	2	1	1	2
	55 – 59	0	6	6	4	1	5
	60 – 64	2	3	5	4	2	6
	65+	1	0	1	1	0	1
	Total	**5**	**10**	**15**	**11**	**5**	**16**
Employee & Children	**0 – 19**	0	0	0	13	7	20
	20 – 24	0	0	0	13	7	20
	25 – 29	0	0	0	1	0	1
	30 – 34	0	1	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	1	3	4	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**12**	**13**	**27**	**14**	**41**
Employee & Family	**0 – 19**	0	0	0	6	1	7
	20 – 24	0	0	0	6	1	7
	25 – 29	0	0	0	2	0	2
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	1	0	1	0	0	0
	50 – 54	1	3	4	1	2	3
	55 – 59	2	1	3	3	2	5
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**4**	**5**	**9**	**19**	**6**	**25**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 180

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 181

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 185

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	0	0	1	0	1
	65+	0	0	0	0	0	0
	Total	**0**	**1**	**1**	**1**	**0**	**1**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	1	0	1	0	1	1
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**0**	**1**	**0**	**3**	**3**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 186

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Family	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 188

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	1	1
	20 – 24	0	0	0	0	1	1
	25 – 29	4	33	37	0	0	0
	30 – 34	12	48	60	0	0	0
	35 – 39	12	44	56	0	0	0
	40 – 44	19	42	61	0	0	0
	45 – 49	7	45	52	0	0	0
	50 – 54	22	71	93	0	0	0
	55 – 59	21	114	135	0	0	0
	60 – 64	32	101	133	0	0	0
	65+	14	43	57	0	0	0
	Total	**143**	**541**	**684**	**0**	**2**	**2**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	1	1
	30 – 34	1	1	2	2	1	3
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	1	1	2
	45 – 49	1	0	1	1	0	1
	50 – 54	2	5	7	2	1	3
	55 – 59	1	11	12	4	3	7
	60 – 64	3	27	30	28	2	30
	65+	5	7	12	15	4	19
	Total	**14**	**52**	**66**	**53**	**13**	**66**
Employee & Children	**0 – 19**	0	0	0	26	22	48
	20 – 24	0	0	0	26	22	48
	25 – 29	0	2	2	1	1	2
	30 – 34	2	10	12	0	0	0
	35 – 39	1	2	3	0	0	0
	40 – 44	2	3	5	0	0	0
	45 – 49	1	4	5	0	0	0
	50 – 54	3	7	10	0	0	0
	55 – 59	3	7	10	0	0	0
	60 – 64	1	3	4	0	0	0
	65+	0	0	0	0	0	0
	Total	**13**	**38**	**51**	**53**	**45**	**98**
Employee & Family	**0 – 19**	0	0	0	11	14	25
	20 – 24	0	0	0	11	14	25
	25 – 29	0	0	0	3	3	6
	30 – 34	0	1	1	1	0	1
	35 – 39	0	3	3	1	0	1
	40 – 44	0	3	3	4	0	4
	45 – 49	0	2	2	3	0	3
	50 – 54	1	7	8	3	3	6
	55 – 59	3	10	13	9	1	10
	60 – 64	1	4	5	7	2	9
	65+	1	1	2	3	0	3
	Total	**6**	**31**	**37**	**56**	**37**	**93**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 189

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	17	20	0	0	0
	30 – 34	2	15	17	0	0	0
	35 – 39	8	11	19	0	0	0
	40 – 44	1	8	9	0	0	0
	45 – 49	4	16	20	0	0	0
	50 – 54	6	15	21	0	0	0
	55 – 59	6	27	33	0	0	0
	60 – 64	4	23	27	0	0	0
	65+	1	0	1	0	0	0
	Total	**35**	**132**	**167**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	2	5	7	4	3	7
	30 – 34	0	5	5	4	1	5
	35 – 39	1	1	2	2	1	3
	40 – 44	2	4	6	3	3	6
	45 – 49	4	3	7	2	4	6
	50 – 54	1	11	12	7	5	12
	55 – 59	12	25	37	24	12	36
	60 – 64	11	33	44	29	8	37
	65+	9	10	19	22	5	27
	Total	**42**	**97**	**139**	**97**	**42**	**139**
Employee & Children	**0 – 19**	0	0	0	1	1	2
	20 – 24	0	0	0	1	1	2
	25 – 29	1	1	2	0	0	0
	30 – 34	2	0	2	0	0	0
	35 – 39	5	0	5	0	0	0
	40 – 44	11	0	11	0	0	0
	45 – 49	13	0	13	0	0	0
	50 – 54	16	0	16	0	0	0
	55 – 59	10	0	10	0	0	0
	60 – 64	8	0	8	0	0	0
	65+	1	0	1	0	0	0
	Total	**67**	**1**	**68**	**2**	**2**	**4**
Employee & Family	**0 – 19**	0	0	0	101	74	175
	20 – 24	0	0	0	101	74	175
	25 – 29	1	1	2	5	9	14
	30 – 34	3	2	5	4	2	6
	35 – 39	6	14	20	9	8	17
	40 – 44	5	16	21	14	6	20
	45 – 49	9	15	24	11	10	21
	50 – 54	10	27	37	19	14	33
	55 – 59	9	15	24	26	7	33
	60 – 64	5	6	11	11	1	12
	65+	1	0	1	1	0	1
	Total	**49**	**96**	**145**	**302**	**205**	**507**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Benefit Package: Benefit Package 190

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	1	1	2	0	0	0
	30 – 34	2	2	4	0	0	0
	35 – 39	0	4	4	0	0	0
	40 – 44	0	3	3	0	0	0
	45 – 49	0	3	3	0	0	0
	50 – 54	1	0	1	0	0	0
	55 – 59	0	1	1	0	0	0
	60 – 64	0	1	1	0	0	0
	65+	0	0	0	0	0	0
	Total	**4**	**15**	**19**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	3	5	8	3	3	6
	30 – 34	0	3	3	4	1	5
	35 – 39	0	0	0	1	0	1
	40 – 44	1	1	2	1	1	2
	45 – 49	0	1	1	0	1	1
	50 – 54	3	4	7	2	2	4
	55 – 59	2	4	6	6	2	8
	60 – 64	1	3	4	4	1	5
	65+	2	1	3	1	1	2
	Total	**12**	**22**	**34**	**22**	**12**	**34**
Employee & Children	**0 – 19**	0	0	0	36	27	63
	20 – 24	0	0	0	36	27	63
	25 – 29	0	0	0	2	1	3
	30 – 34	2	2	4	0	0	0
	35 – 39	4	7	11	0	0	0
	40 – 44	0	5	5	0	0	0
	45 – 49	2	7	9	0	0	0
	50 – 54	2	5	7	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**10**	**26**	**36**	**74**	**55**	**129**
Employee & Family	**0 – 19**	0	0	0	41	56	97
	20 – 24	0	0	0	41	56	97
	25 – 29	1	0	1	4	5	9
	30 – 34	1	2	3	2	3	5
	35 – 39	3	2	5	1	3	4
	40 – 44	7	7	14	3	8	11
	45 – 49	7	8	15	7	5	12
	50 – 54	4	8	12	6	4	10
	55 – 59	4	4	8	7	3	10
	60 – 64	0	2	2	5	0	5
	65+	0	0	0	1	0	1
	Total	**27**	**33**	**60**	**118**	**143**	**261**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

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Demographics by Benefit Package
For the Plan Year Ending in 2013

Benefit Package: Benefit Package 191

		Employees			Dependents		
Tier	**Age Band**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Employee-Only	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	1	0	1	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**0**	**0**	**0**
Employee & Spouse	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**
Employee & Children	**0 – 19**	0	0	0	2	4	6
	20 – 24	0	0	0	2	4	6
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	1	1	0	0	0
	45 – 49	0	1	1	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**2**	**2**	**4**	**8**	**12**
Employee & Family	**0 – 19**	0	0	0	0	2	2
	20 – 24	0	0	0	0	2	2
	25 – 29	0	0	0	0	1	1
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	1	1
	45 – 49	1	0	1	0	0	0
	50 – 54	0	1	1	0	0	0
	55 – 59	0	0	0	1	0	1
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**1**	**1**	**2**	**1**	**6**	**7**
All Tiers	**0 – 19**	0	0	0	0	0	0
	20 – 24	0	0	0	0	0	0
	25 – 29	0	0	0	0	0	0
	30 – 34	0	0	0	0	0	0
	35 – 39	0	0	0	0	0	0
	40 – 44	0	0	0	0	0	0
	45 – 49	0	0	0	0	0	0
	50 – 54	0	0	0	0	0	0
	55 – 59	0	0	0	0	0	0
	60 – 64	0	0	0	0	0	0
	65+	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12a
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Employee Per Month
Plan Year Ending in 2013

	Admin PEPM					
Benefit Package	**Taxes[1]**	**Agent Payments[2]**	**TPA Payments[3]**	**PPO Access Fees**	**Carrier Admin**	**Total**
Benefit Package 003	$22.24	$17.79	$0.00	$0.00	$147.43	$187.47
Benefit Package 004	$24.21	$19.37	$0.00	$0.00	$160.48	$204.06
Benefit Package 005	$24.57	$19.66	$0.00	$0.00	$162.88	$207.12
Benefit Package 006	$16.76	$13.41	$0.00	$0.00	$111.08	$141.25
Benefit Package 007	$35.49	$28.39	$0.00	$0.00	$235.20	$299.07
Benefit Package 008	$8.85	$0.00	$0.00	$0.00	$1.06	$9.91
Benefit Package 009	$18.79	$0.00	$0.00	$0.00	$2.24	$21.03
Benefit Package 010	$18.52	$0.00	$0.00	$0.00	$2.22	$20.73
Benefit Package 011	$17.41	$0.00	$0.00	$0.00	$2.07	$19.48
Benefit Package 012	$14.08	$9.85	$0.00	$0.00	$61.57	$85.50
Benefit Package 013	$21.10	$13.77	$0.00	$0.00	$84.93	$119.80
Benefit Package 014	$13.90	$7.61	$0.00	$0.00	$47.03	$68.54
Benefit Package 016	$16.63	$23.72	$0.00	$0.00	$53.14	$93.49
Benefit Package 017	$19.32	$1.31	$0.00	$0.11	$52.89	$73.63
Benefit Package 018	$20.09	$1.31	$0.00	$0.12	$54.61	$76.14
Benefit Package 019	$19.10	$1.31	$0.00	$0.11	$52.79	$73.30
Benefit Package 020	$16.03	$18.27	$0.00	$0.00	$1.68	$35.99
Benefit Package 021	$12.48	$0.00	$0.00	$0.00	$1.31	$13.79
Benefit Package 022	$20.32	$7.32	$0.00	$0.00	$1.80	$29.44
Benefit Package 024	$16.81	$0.00	$0.00	$0.00	$1.49	$18.30
Benefit Package 025	$19.27	$1.31	$0.00	$0.08	$61.14	$81.80
Benefit Package 027	$19.36	$19.29	$0.00	$0.00	$55.66	$94.31
Benefit Package 029	$19.75	$11.34	$0.00	$0.00	$73.97	$105.06
Benefit Package 030	$20.37	$10.57	$0.00	$0.00	$68.22	$99.15
Benefit Package 031	$18.94	$0.00	$0.00	$0.00	$63.16	$82.10
Benefit Package 032	$19.96	$26.35	$0.00	$0.00	$70.58	$116.89
Benefit Package 033	$17.21	$17.36	$0.00	$0.00	$56.21	$90.78
Benefit Package 034	$18.16	$12.03	$0.00	$0.00	$58.09	$88.28
Benefit Package 038	$21.11	$25.27	$0.00	$0.00	$67.93	$114.32
Benefit Package 039	$35.51	$37.15	$0.00	$0.00	$130.61	$203.27
Benefit Package 040	$22.44	$26.77	$0.00	$0.16	$68.32	$117.69

[1]Taxes, WSHP assessments, other government taxes and assessments.
[2]Payments to brokers, producers, agents, actuaries.
[3]Payments to associations, trusts, other third parties, including benefit administrators marketing-related comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Plan Year Ending in 2013

	Admin PEPM					
Benefit Package	**Taxes[1]**	**Agent Payments[2]**	**TPA Payments[3]**	**PPO Access Fees**	**Carrier Admin**	**Total**
Benefit Package 043	$18.29	$21.88	$0.00	$0.14	$54.74	$95.05
Benefit Package 044	$19.44	$6.44	$0.00	$0.57	$81.38	$107.83
Benefit Package 045	$20.72	$23.73	$0.00	$0.14	$78.73	$123.31
Benefit Package 046	$21.16	$23.38	$0.00	$0.10	$93.95	$138.59
Benefit Package 047	$21.21	$24.10	$0.00	$0.09	$83.80	$129.20
Benefit Package 048	$19.81	$21.32	$0.00	$0.11	$96.94	$138.19
Benefit Package 049	$20.96	$17.68	$0.00	$1.91	$62.33	$102.88
Benefit Package 050	$20.84	$15.47	$0.00	$1.86	$102.08	$140.24
Benefit Package 051	$33.98	$28.86	$0.00	$2.82	$97.31	$162.97
Benefit Package 052	$21.11	$18.22	$0.00	$2.06	$54.89	$96.28
Benefit Package 053	$20.38	$17.38	$0.00	$2.00	$57.00	$96.75
Benefit Package 056	$21.50	$12.49	$0.00	$1.95	$92.03	$127.98
Benefit Package 057	$19.07	$10.44	$0.00	$1.95	$97.86	$129.32
Benefit Package 058	$20.67	$11.48	$0.00	$1.95	$101.84	$135.94
Benefit Package 059	$17.47	$4.77	$0.00	$1.95	$54.45	$78.64
Benefit Package 060	$21.93	$8.71	$0.00	$1.95	$75.61	$108.20
Benefit Package 061	$19.61	$0.89	$0.00	$1.95	$90.68	$113.12
Benefit Package 062	$20.66	$3.28	$0.00	$1.95	$91.14	$117.03
Benefit Package 063	$20.03	$12.22	$0.00	$1.95	$71.02	$105.22
Benefit Package 064	$21.73	$12.93	$0.00	$1.95	$85.12	$121.73
Benefit Package 065	$18.99	$0.00	$0.00	$0.00	$182.09	$201.09
Benefit Package 066	$25.64	$17.99	$0.00	$0.00	$78.52	$122.15
Benefit Package 067	$15.35	$25.10	$0.00	$0.00	$72.72	$113.17
Benefit Package 068	$25.93	$5.70	$0.00	$0.00	$74.99	$106.61
Benefit Package 069	$17.40	$15.16	$0.00	$0.00	$64.55	$97.12
Benefit Package 070	$18.53	$17.91	$0.00	$0.00	$44.92	$81.36
Benefit Package 071	$16.78	$19.92	$0.00	$0.00	$66.43	$103.13
Benefit Package 072	$16.53	$12.55	$0.00	$0.00	$64.83	$93.92
Benefit Package 073	$22.36	$13.11	$0.00	$0.00	$75.05	$110.52
Benefit Package 074	$15.49	$10.68	$0.00	$0.00	$61.72	$87.88
Benefit Package 075	$24.04	$5.68	$0.00	$0.00	$68.23	$97.94

[1]Taxes, WSHP assessments, other government taxes and assessments.
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[3]Payments to associations, trusts, other third parties, including benefit administrators marketing-related comp.

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Plan Year Ending in 2013

	Admin PEPM					
Benefit Package	**Taxes[1]**	**Agent Payments[2]**	**TPA Payments[3]**	**PPO Access Fees**	**Carrier Admin**	**Total**
Benefit Package 076	$17.31	$17.82	$0.00	$0.00	$64.13	$99.26
Benefit Package 077	$17.36	$6.14	$0.00	$0.00	$65.00	$88.50
Benefit Package 078	$30.03	$1.31	$0.00	$0.46	$39.95	$71.75
Benefit Package 079	$20.93	$1.31	$0.00	$0.18	$36.60	$59.02
Benefit Package 080	$22.17	$1.31	$0.00	$0.14	$46.42	$70.04
Benefit Package 081	$23.39	$1.31	$0.00	$0.21	$35.84	$60.75
Benefit Package 082	$21.78	$12.84	$0.00	$0.00	$48.10	$82.71
Benefit Package 083	$23.39	$13.79	$0.00	$0.00	$51.67	$88.86
Benefit Package 084	$22.68	$13.37	$0.00	$0.00	$50.09	$86.14
Benefit Package 085	$23.17	$13.66	$0.00	$0.00	$51.18	$88.01
Benefit Package 086	$14.72	$8.68	$0.00	$0.00	$32.51	$55.91
Benefit Package 087	$24.00	$1.62	$0.00	$0.00	$99.76	$125.39
Benefit Package 088	$28.00	$1.89	$0.00	$0.00	$116.40	$146.29
Benefit Package 089	$22.86	$1.55	$0.00	$0.00	$95.01	$119.41
Benefit Package 090	$25.41	$1.72	$0.00	$0.00	$105.61	$132.74
Benefit Package 091	$16.39	$1.11	$0.00	$0.00	$68.13	$85.63
Benefit Package 092	$24.90	$14.68	$0.00	$0.00	$55.01	$94.59
Benefit Package 093	$23.30	$13.74	$0.00	$0.00	$51.46	$88.50
Benefit Package 094	$24.66	$14.54	$0.00	$0.00	$54.47	$93.67
Benefit Package 095	$22.80	$13.44	$0.00	$0.00	$50.37	$86.62
Benefit Package 096	$23.15	$13.65	$0.00	$0.00	$51.13	$87.92
Benefit Package 097	$22.17	$13.07	$0.00	$0.00	$48.97	$84.20
Benefit Package 098	$14.42	$8.50	$0.00	$0.00	$31.85	$54.77
Benefit Package 099	$13.22	$7.79	$0.00	$0.00	$29.20	$50.22
Benefit Package 100	$13.55	$7.99	$0.00	$0.00	$29.93	$51.47
Benefit Package 104	$19.18	$1.30	$0.00	$0.00	$79.72	$100.19
Benefit Package 108	$26.09	$9.14	$0.00	$0.00	$97.37	$132.60
Benefit Package 110	$21.56	$7.55	$0.00	$0.00	$80.45	$109.55
Benefit Package 111	$20.30	$7.11	$0.00	$0.00	$75.73	$103.14
Benefit Package 113	$21.69	$11.99	$0.00	$0.00	$81.17	$114.86
Benefit Package 114	$25.67	$14.19	$0.00	$0.00	$96.06	$135.92

[1]Taxes, WSHP assessments, other government taxes and assessments.
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	Admin PEPM					
Benefit Package	**Taxes[1]**	**Agent Payments[2]**	**TPA Payments[3]**	**PPO Access Fees**	**Carrier Admin**	**Total**
Benefit Package 115	$23.19	$12.82	$0.00	$0.00	$86.77	$122.77
Benefit Package 116	$25.94	$14.34	$0.00	$0.00	$97.05	$137.33
Benefit Package 121	$24.29	$11.00	$0.00	$0.00	$64.93	$100.21
Benefit Package 122	$21.07	$9.54	$0.00	$0.00	$56.32	$86.93
Benefit Package 123	$18.16	$8.22	$0.00	$0.00	$48.55	$74.93
Benefit Package 127	$20.83	$0.00	$0.00	$0.00	$75.34	$96.16
Benefit Package 128	$25.65	$0.00	$0.00	$0.00	$92.79	$118.45
Benefit Package 129	$24.16	$0.00	$0.00	$0.00	$87.41	$111.57
Benefit Package 130	$24.39	$0.00	$0.00	$0.00	$88.24	$112.63
Benefit Package 131	$19.47	$0.00	$0.00	$0.00	$70.44	$89.92
Benefit Package 132	$14.69	$5.15	$0.00	$0.00	$54.82	$74.66
Benefit Package 133	$19.80	$6.93	$0.00	$0.00	$73.88	$100.61
Benefit Package 134	$15.57	$5.45	$0.00	$0.00	$58.08	$79.10
Benefit Package 135	$17.46	$9.65	$0.00	$0.00	$65.32	$92.43
Benefit Package 136	$15.56	$8.60	$0.00	$0.00	$58.23	$82.39
Benefit Package 137	$18.75	$10.36	$0.00	$0.00	$70.17	$99.28
Benefit Package 138	$20.16	$11.15	$0.00	$0.00	$75.45	$106.76
Benefit Package 173	$17.93	$8.03	$0.00	$0.00	$0.00	$25.96
Benefit Package 180	$2.53	$3.13	$0.00	$0.00	$5.97	$11.63
Benefit Package 181	$1.69	$2.00	$0.00	$0.00	$5.48	$9.17
Benefit Package 185	$22.70	$0.00	$0.00	$0.00	$2.70	$25.40
Benefit Package 186	$8.20	$4.83	$0.00	$0.00	$18.11	$31.13
Benefit Package 188	$0.00	$0.42	$0.00	$0.00	$5.05	$5.47
Benefit Package 189	$0.00	$0.42	$0.00	$0.00	$5.05	$5.47
Benefit Package 190	$0.00	$0.42	$0.00	$0.00	$5.05	$5.46
Benefit Package 191	$0.00	$0.40	$0.00	$0.00	$4.85	$5.25
Low	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$5.25**
Average	**$20.27**	**$5.27**	**$0.00**	**$0.13**	**$51.65**	**$77.32**
High	**$35.51**	**$37.15**	**$0.00**	**$2.82**	**$235.20**	**$299.07**

[1]Taxes, WSHP assessments, other government taxes and assessments.
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[3]Payments to associations, trusts, other third parties, including benefit administrators marketing-related comp.

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K–12 School District Data Collection Project
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Plan Year Ending in 2013

	Admin PEPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Total Enrollment (Employees)						104,241
Total Dollars	$25,351,606	$6,593,803	$0	$166,315	$64,604,570	$96,716,294

[1]Taxes, WSHP assessments, other government taxes and assessments.
[2]Payments to brokers, producers, agents, actuaries.
[3]Payments to associations, trusts, other third parties, including benefit administrators marketing-related comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12b
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month
Plan Year Ending in 2013

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 003	$13.16	$10.53	$0.00	$0.00	$87.20	$110.88
Benefit Package 004	$12.50	$10.00	$0.00	$0.00	$82.87	$105.37
Benefit Package 005	$12.50	$10.00	$0.00	$0.00	$82.87	$105.37
Benefit Package 006	$6.89	$5.52	$0.00	$0.00	$45.69	$58.10
Benefit Package 007	$13.07	$10.46	$0.00	$0.00	$86.65	$110.19
Benefit Package 008	$8.85	$0.00	$0.00	$0.00	$1.06	$9.91
Benefit Package 009	$9.78	$0.00	$0.00	$0.00	$1.17	$10.95
Benefit Package 010	$11.60	$0.00	$0.00	$0.00	$1.39	$12.99
Benefit Package 011	$6.72	$0.00	$0.00	$0.00	$0.80	$7.52
Benefit Package 012	$7.34	$5.14	$0.00	$0.00	$32.10	$44.58
Benefit Package 013	$7.92	$5.17	$0.00	$0.00	$31.89	$44.99
Benefit Package 014	$9.71	$5.31	$0.00	$0.00	$32.84	$47.86
Benefit Package 016	$9.88	$14.09	$0.00	$0.00	$31.56	$55.53
Benefit Package 017	$7.91	$0.54	$0.00	$0.05	$21.64	$30.13
Benefit Package 018	$7.96	$0.52	$0.00	$0.05	$21.64	$30.17
Benefit Package 019	$7.83	$0.54	$0.00	$0.04	$21.64	$30.05
Benefit Package 020	$11.54	$13.15	$0.00	$0.00	$1.21	$25.89
Benefit Package 021	$8.57	$0.00	$0.00	$0.00	$0.90	$9.46
Benefit Package 022	$9.29	$3.35	$0.00	$0.00	$0.82	$13.46
Benefit Package 024	$6.79	$0.00	$0.00	$0.00	$0.60	$7.39
Benefit Package 025	$6.82	$0.46	$0.00	$0.03	$21.64	$28.95
Benefit Package 027	$10.60	$10.57	$0.00	$0.00	$30.49	$51.66
Benefit Package 029	$8.88	$5.10	$0.00	$0.00	$33.24	$47.22
Benefit Package 030	$9.93	$5.15	$0.00	$0.00	$33.26	$48.35
Benefit Package 031	$9.70	$0.00	$0.00	$0.00	$32.36	$42.06
Benefit Package 032	$8.90	$11.75	$0.00	$0.00	$31.48	$52.13
Benefit Package 033	$10.18	$10.27	$0.00	$0.00	$33.24	$53.68
Benefit Package 034	$9.89	$6.55	$0.00	$0.00	$31.63	$48.08
Benefit Package 038	$9.34	$11.18	$0.00	$0.00	$30.05	$50.57
Benefit Package 039	$17.92	$18.75	$0.00	$0.00	$65.91	$102.59
Benefit Package 040	$16.80	$20.05	$0.00	$0.12	$51.16	$88.13

[1]Taxes, WSHP assessments, other goverment taxes and assessments.
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	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 043	$15.67	$18.74	$0.00	$0.12	$46.90	$81.43
Benefit Package 044	$11.42	$3.78	$0.00	$0.33	$47.82	$63.36
Benefit Package 045	$13.46	$15.42	$0.00	$0.09	$51.16	$80.13
Benefit Package 046	$11.52	$12.73	$0.00	$0.05	$51.16	$75.47
Benefit Package 047	$12.95	$14.71	$0.00	$0.05	$51.16	$78.87
Benefit Package 048	$10.46	$11.25	$0.00	$0.06	$51.16	$72.92
Benefit Package 049	$13.17	$11.11	$0.00	$1.20	$39.18	$64.66
Benefit Package 050	$7.25	$5.38	$0.00	$0.65	$35.53	$48.81
Benefit Package 051	$25.43	$21.59	$0.00	$2.11	$72.81	$121.94
Benefit Package 052	$15.83	$13.67	$0.00	$1.54	$41.17	$72.21
Benefit Package 053	$13.58	$11.58	$0.00	$1.33	$38.00	$64.50
Benefit Package 056	$8.88	$5.16	$0.00	$0.81	$38.00	$52.84
Benefit Package 057	$7.41	$4.05	$0.00	$0.76	$38.00	$50.22
Benefit Package 058	$7.71	$4.29	$0.00	$0.73	$38.00	$50.73
Benefit Package 059	$12.19	$3.33	$0.00	$1.36	$38.00	$54.88
Benefit Package 060	$11.02	$4.38	$0.00	$0.98	$38.00	$54.38
Benefit Package 061	$8.22	$0.37	$0.00	$0.82	$38.00	$47.41
Benefit Package 062	$8.61	$1.37	$0.00	$0.81	$38.00	$48.80
Benefit Package 063	$10.72	$6.54	$0.00	$1.04	$38.00	$56.30
Benefit Package 064	$9.70	$5.77	$0.00	$0.87	$38.00	$54.34
Benefit Package 065	$7.66	$0.00	$0.00	$0.00	$73.46	$81.12
Benefit Package 066	$11.09	$7.78	$0.00	$0.00	$33.97	$52.84
Benefit Package 067	$7.11	$11.63	$0.00	$0.00	$33.68	$52.42
Benefit Package 068	$11.35	$2.49	$0.00	$0.00	$32.81	$46.65
Benefit Package 069	$9.48	$8.26	$0.00	$0.00	$35.18	$52.92
Benefit Package 070	$12.91	$12.48	$0.00	$0.00	$31.31	$56.70
Benefit Package 071	$8.61	$10.22	$0.00	$0.00	$34.08	$52.91
Benefit Package 072	$8.74	$6.64	$0.00	$0.00	$34.28	$49.65
Benefit Package 073	$9.33	$5.47	$0.00	$0.00	$31.31	$46.11
Benefit Package 074	$8.38	$5.78	$0.00	$0.00	$33.39	$47.55
Benefit Package 075	$11.90	$2.81	$0.00	$0.00	$33.78	$48.50

[1]Taxes, WSHP assessments, other goverment taxes and assessments.
[2]Payments to brokers, producers, agents, actuaries.
[3]Payments to associations, trusts, other third parties, including benefit administrators marketing-related comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month
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	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 076	$9.02	$9.28	$0.00	$0.00	$33.40	$51.70
Benefit Package 077	$9.24	$3.27	$0.00	$0.00	$34.59	$47.10
Benefit Package 078	$16.27	$0.71	$0.00	$0.25	$21.64	$38.86
Benefit Package 079	$12.38	$0.77	$0.00	$0.10	$21.64	$34.90
Benefit Package 080	$10.33	$0.61	$0.00	$0.06	$21.64	$32.65
Benefit Package 081	$14.12	$0.79	$0.00	$0.13	$21.64	$36.68
Benefit Package 082	$15.87	$9.36	$0.00	$0.00	$35.06	$60.30
Benefit Package 083	$12.16	$7.17	$0.00	$0.00	$26.87	$46.21
Benefit Package 084	$9.99	$5.89	$0.00	$0.00	$22.07	$37.95
Benefit Package 085	$16.79	$9.90	$0.00	$0.00	$37.08	$63.77
Benefit Package 086	$4.90	$2.89	$0.00	$0.00	$10.82	$18.60
Benefit Package 087	$16.68	$1.13	$0.00	$0.00	$69.33	$87.14
Benefit Package 088	$21.60	$1.46	$0.00	$0.00	$89.80	$112.87
Benefit Package 089	$10.86	$0.73	$0.00	$0.00	$45.14	$56.74
Benefit Package 090	$18.90	$1.28	$0.00	$0.00	$78.58	$98.76
Benefit Package 091	$6.95	$0.47	$0.00	$0.00	$28.91	$36.33
Benefit Package 092	$18.03	$10.63	$0.00	$0.00	$39.82	$68.48
Benefit Package 093	$14.18	$8.36	$0.00	$0.00	$31.33	$53.87
Benefit Package 094	$9.88	$5.82	$0.00	$0.00	$21.82	$37.53
Benefit Package 095	$11.98	$7.06	$0.00	$0.00	$26.46	$45.49
Benefit Package 096	$14.83	$8.74	$0.00	$0.00	$32.75	$56.32
Benefit Package 097	$16.01	$9.44	$0.00	$0.00	$35.37	$60.82
Benefit Package 098	$6.03	$3.55	$0.00	$0.00	$13.31	$22.89
Benefit Package 099	$5.13	$3.03	$0.00	$0.00	$11.34	$19.50
Benefit Package 100	$4.92	$2.90	$0.00	$0.00	$10.87	$18.69
Benefit Package 104	$7.55	$0.51	$0.00	$0.00	$31.38	$39.44
Benefit Package 108	$17.71	$6.20	$0.00	$0.00	$66.08	$89.99
Benefit Package 110	$15.28	$5.35	$0.00	$0.00	$57.02	$77.66
Benefit Package 111	$14.10	$4.94	$0.00	$0.00	$52.63	$71.67
Benefit Package 113	$17.96	$9.93	$0.00	$0.00	$67.21	$95.10
Benefit Package 114	$16.10	$8.90	$0.00	$0.00	$60.25	$85.26

[1]Taxes, WSHP assessments, other goverment taxes and assessments.
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[3]Payments to associations, trusts, other third parties, including benefit administrators marketing-related comp.

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Plan Year Ending in 2013

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Benefit Package 115	$18.85	$10.42	$0.00	$0.00	$70.55	$99.82
Benefit Package 116	$16.82	$9.30	$0.00	$0.00	$62.93	$89.05
Benefit Package 121	$15.86	$7.18	$0.00	$0.00	$42.39	$65.43
Benefit Package 122	$12.67	$5.74	$0.00	$0.00	$33.87	$52.28
Benefit Package 123	$7.42	$3.36	$0.00	$0.00	$19.83	$30.61
Benefit Package 127	$6.75	$0.00	$0.00	$0.00	$24.40	$31.14
Benefit Package 128	$8.87	$0.00	$0.00	$0.00	$32.07	$40.94
Benefit Package 129	$14.33	$0.00	$0.00	$0.00	$51.84	$66.17
Benefit Package 130	$10.75	$0.00	$0.00	$0.00	$38.87	$49.62
Benefit Package 131	$4.28	$0.00	$0.00	$0.00	$15.49	$19.77
Benefit Package 132	$6.86	$2.40	$0.00	$0.00	$25.58	$34.84
Benefit Package 133	$10.70	$3.75	$0.00	$0.00	$39.91	$54.35
Benefit Package 134	$6.97	$2.44	$0.00	$0.00	$26.02	$35.43
Benefit Package 135	$8.39	$4.63	$0.00	$0.00	$31.38	$44.40
Benefit Package 136	$10.01	$5.54	$0.00	$0.00	$37.47	$53.02
Benefit Package 137	$6.37	$3.52	$0.00	$0.00	$23.83	$33.72
Benefit Package 138	$6.86	$3.79	$0.00	$0.00	$25.68	$36.33
Benefit Package 173	$13.00	$5.82	$0.00	$0.00	$0.00	$18.82
Benefit Package 180	$1.81	$2.23	$0.00	$0.00	$4.26	$8.31
Benefit Package 181	$1.32	$1.55	$0.00	$0.00	$4.26	$7.14
Benefit Package 185	$5.90	$0.00	$0.00	$0.00	$0.70	$6.60
Benefit Package 186	$8.20	$4.83	$0.00	$0.00	$18.11	$31.13
Benefit Package 188	$0.00	$0.33	$0.00	$0.00	$3.97	$4.30
Benefit Package 189	$0.00	$0.18	$0.00	$0.00	$2.21	$2.39
Benefit Package 190	$0.00	$0.14	$0.00	$0.00	$1.70	$1.83
Benefit Package 191	$0.00	$0.14	$0.00	$0.00	$1.76	$1.90
Low	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$1.83**
Average	**$10.53**	**$2.74**	**$0.00**	**$0.07**	**$26.82**	**$40.15**
High	**$25.43**	**$21.59**	**$0.00**	**$2.11**	**$89.80**	**$121.94**

[1]Taxes, WSHP assessments, other goverment taxes and assessments.
[2]Payments to brokers, producers, agents, actuaries.
[3]Payments to associations, trusts, other third parties, including benefit administrators marketing-related comp.

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K–12 School District Data Collection Project
Exhibit A12b
Annual Carrier Administrative Cost Breakdown by Benefit Package — Per Member Per Month
Plan Year Ending in 2013

	Admin PMPM					
Benefit Package	Taxes[1]	Agent Payments[2]	TPA Payments[3]	PPO Access Fees	Carrier Admin	Total
Total Enrollment (Members)						**200,722**
Total Dollars	**$25,351,606**	**$6,593,803**	**$0**	**$166,315**	**$64,604,570**	**$96,716,294**

[1]Taxes, WSHP assessments, other goverment taxes and assessments.
[2]Payments to brokers, producers, agents, actuaries.
[3]Payments to associations, trusts, other third parties, including benefit administrators marketing-related comp.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Aberdeen School District	See footnote[1]	472	775	$0	$0.00	$0.00
Adna School District	See footnote[1]	36	79	$0	$0.00	$0.00
Almira School District	See footnote[1]	21	50	$0	$0.00	$0.00
Anacortes School District	See footnote[1]	235	235	$0	$0.00	$0.00
Arlington School District	See footnote[1]	468	468	$145,695	$25.94	$25.94
Asotin-Anatone School District	See footnote[1]	70	70	$0	$0.00	$0.00
Auburn School District	See footnote[1]	1,417	1,417	$0	$0.00	$0.00
Bainbridge Island School District	See footnote[1]	363	542	$0	$0.00	$0.00
Battle Ground School District	See footnote[1]	1,147	1,147	$0	$0.00	$0.00
Bellevue School District	See footnote[1]	2,004	3,895	$18,267	$0.76	$0.39
Bellingham School District	See footnote[1]	1,106	1,106	$12,589	$0.95	$0.95
Benge School District	See footnote[1]	0	0	$0	n/a	n/a
Bethel School District	See footnote[1]	1,520	1,520	$129,126	$7.08	$7.08
Bickleton School District	See footnote[1]	12	23	$0	$0.00	$0.00
Blaine School District	See footnote[1]	228	228	$0	$0.00	$0.00
Boistfort School District	See footnote[1]	17	17	$0	$0.00	$0.00
Bremerton School District	See footnote[1]	433	433	$0	$0.00	$0.00
Brewster School District	See footnote[1]	106	180	$18,982	$14.92	$8.79
Bridgeport School District	See footnote[1]	95	180	$20,226	$17.74	$9.36
Brinnon School District	See footnote[1]	10	16	$0	$0.00	$0.00
Burlington-Edison School District	See footnote[1]	414	414	$38,609	$7.77	$7.77
Camas School District	See footnote[1]	610	1,352	$0	$0.00	$0.00
Cape Flattery School District	See footnote[1]	84	84	$0	$0.00	$0.00
Carbonado School District	See footnote[1]	20	33	$10,906	$45.44	$27.54
Cascade School District	See footnote[1]	127	127	$64,507	$42.33	$42.33
Cashmere School District	See footnote[1]	131	131	$21,551	$13.71	$13.71
Castle Rock School District	See footnote[1]	138	246	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs that are not part of the medical plan and that are billed separately. Examples include wellness programs, weight management programs, and others.

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K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Centerville School District	See footnote[1]	9	9	$0	$0.00	$0.00
Central Kitsap School District	See footnote[1]	1,048	1,048	$0	$0.00	$0.00
Central Valley School District	See footnote[1]	1,337	1,337	$27,656	$1.72	$1.72
Centralia School District	See footnote[1]	369	702	$62,972	$14.22	$7.48
Chehalis School District	See footnote[1]	298	298	$54,533	$15.25	$15.25
Cheney School District	See footnote[1]	441	441	$0	$0.00	$0.00
Chewelah School District	See footnote[1]	94	186	$0	$0.00	$0.00
Chimacum School District	See footnote[1]	123	177	$0	$0.00	$0.00
Clarkston School District	See footnote[1]	287	287	$0	$0.00	$0.00
Cle Elum-Roslyn School District	See footnote[1]	97	200	$0	$0.00	$0.00
Clover Park School District	See footnote[1]	1,263	2,139	$0	$0.00	$0.00
Colfax School District	See footnote[1]	61	125	$0	$0.00	$0.00
College Place School District	See footnote[1]	103	202	$0	$0.00	$0.00
Colton School District	See footnote[1]	22	22	$0	$0.00	$0.00
Columbia (Stevens) School District	See footnote[1]	29	46	$0	$0.00	$0.00
Columbia (Walla Walla) School District	See footnote[1]	90	90	$0	$0.00	$0.00
Colville School District	See footnote[1]	185	368	$0	$0.00	$0.00
Concrete School District	See footnote[1]	61	94	$19,871	$27.15	$17.62
Conway School District	See footnote[1]	45	45	$5,692	$10.54	$10.54
Cosmopolis School District	See footnote[1]	14	14	$0	$0.00	$0.00
Coulee-Hartline School District	See footnote[1]	31	76	$0	$0.00	$0.00
Coupeville School District	See footnote[1]	91	91	$7,654	$7.01	$7.01
Crescent School District	See footnote[1]	35	64	$0	$0.00	$0.00
Creston School District	See footnote[1]	26	48	$0	$0.00	$0.00
Curlew School District	See footnote[1]	27	27	$0	$0.00	$0.00
Cusick School District	See footnote[1]	44	44	$18,742	$35.50	$35.50
Damman School District	See footnote[1]	4	12	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs that are not part of the medical plan and that are billed separately. Examples include wellness programs, weight management programs, and others.

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Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Darrington School District	See footnote[1]	52	52	$2,971	$4.76	$4.76
Davenport School District	See footnote[1]	62	62	$0	$0.00	$0.00
Dayton School District	See footnote[1]	53	53	$0	$0.00	$0.00
Deer Park School District	See footnote[1]	232	472	$0	$0.00	$0.00
Dieringer School District	See footnote[1]	138	138	$61,164	$36.93	$36.93
Dixie School District	See footnote[1]	7	7	$0	$0.00	$0.00
East Valley School District (Spokane)	See footnote[1]	436	696	$0	$0.00	$0.00
East Valley School District (Yakima)	See footnote[1]	289	538	$0	$0.00	$0.00
Eastmont School District	See footnote[1]	554	1,106	$75,530	$11.36	$5.69
Easton School District	See footnote[1]	21	21	$0	$0.00	$0.00
Eatonville School District	See footnote[1]	186	359	$0	$0.00	$0.00
Edmonds School District	See footnote[1]	1,897	1,897	$0	$0.00	$0.00
Ellensburg School District	See footnote[1]	318	318	$0	$0.00	$0.00
Elma School District	See footnote[1]	182	296	$46,456	$21.27	$13.08
Endicott School District	See footnote[1]	24	24	$0	$0.00	$0.00
Entiat School District	See footnote[1]	42	101	$2,510	$4.98	$2.07
Enumclaw School District	See footnote[1]	407	407	$0	$0.00	$0.00
Ephrata School District	See footnote[1]	239	539	$60,583	$21.12	$9.37
Evaline School District	See footnote[1]	0	0	$0	n/a	n/a
Everett School District	See footnote[1]	1,577	3,658	$0	$0.00	$0.00
Evergreen School District (Clark)	See footnote[1]	2,287	2,287	$22,500	$0.82	$0.82
Evergreen School District (Stevens)	See footnote[1]	6	9	$2,713	$37.68	$25.12
Federal Way School District	See footnote[1]	2,208	2,208	$0	$0.00	$0.00
Ferndale School District	See footnote[1]	470	919	$0	$0.00	$0.00
Fife School District	See footnote[1]	316	316	$8,278	$2.18	$2.18
Finley School District	See footnote[1]	103	185	$0	$0.00	$0.00
Franklin Pierce School District	See footnote[1]	809	809	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs that are not part of the medical plan and that are billed separately. Examples include wellness programs, weight management programs, and others.

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K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Freeman School District	See footnote[1]	92	165	$0	$0.00	$0.00
Garfield School District	See footnote[1]	24	24	$0	$0.00	$0.00
Glenwood School District	See footnote[1]	20	20	$0	$0.00	$0.00
Goldendale School District	See footnote[1]	97	97	$0	$0.00	$0.00
Grand Coulee Dam School District	See footnote[1]	105	203	$0	$0.00	$0.00
Grandview School District	See footnote[1]	359	721	$0	$0.00	$0.00
Granger School District	See footnote[1]	178	396	$0	$0.00	$0.00
Granite Falls School District	See footnote[1]	171	344	$39,103	$19.06	$9.47
Grapeview School District	See footnote[1]	22	38	$0	$0.00	$0.00
Great Northern School District	See footnote[1]	4	4	$0	$0.00	$0.00
Green Mountain School District	See footnote[1]	19	38	$0	$0.00	$0.00
Griffin School District	See footnote[1]	73	152	$0	$0.00	$0.00
Harrington School District	See footnote[1]	28	28	$0	$0.00	$0.00
Highland School District	See footnote[1]	138	142	$0	$0.00	$0.00
Highline School District	See footnote[1]	2,135	2,135	$0	$0.00	$0.00
Hockinson School District	See footnote[1]	158	340	$30,937	$16.32	$7.58
Hood Canal School District	See footnote[1]	41	41	$0	$0.00	$0.00
Hoquiam School District	See footnote[1]	181	347	$0	$0.00	$0.00
Inchelium School District	See footnote[1]	41	41	$4,179	$8.49	$8.49
Index School District	See footnote[1]	5	6	$1,933	$32.22	$26.85
Issaquah School District	See footnote[1]	1,674	1,674	$3,802	$0.19	$0.19
Kahlotus School District	See footnote[1]	19	19	$0	$0.00	$0.00
Kalama School District	See footnote[1]	68	149	$0	$0.00	$0.00
Keller School District	See footnote[1]	11	31	$8,336	$63.15	$22.41
Kelso School District	See footnote[1]	466	888	$0	$0.00	$0.00
Kennewick School District	See footnote[1]	1,584	1,584	$0	$0.00	$0.00
Kent School District	See footnote[1]	2,292	2,292	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs that are not part of the medical plan and that are billed separately. Examples include wellness programs, weight management programs, and others.

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Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Kettle Falls School District	See footnote[1]	82	165	$0	$0.00	$0.00
Kiona-Benton City School District	See footnote[1]	149	306	$0	$0.00	$0.00
Kittitas School District	See footnote[1]	74	74	$0	$0.00	$0.00
Klickitat School District	See footnote[1]	20	28	$0	$0.00	$0.00
La Center School District	See footnote[1]	83	180	$0	$0.00	$0.00
La Conner School District	See footnote[1]	87	87	$17,491	$16.75	$16.75
LaCrosse School District	See footnote[1]	22	22	$0	$0.00	$0.00
Lake Chelan School District	See footnote[1]	166	166	$17,030	$8.55	$8.55
Lake Quinault School District	See footnote[1]	16	16	$8,939	$46.56	$46.56
Lake Stevens School District	See footnote[1]	357	357	$78,224	$18.26	$18.26
Lake Washington School District	See footnote[1]	2,272	2,272	$0	$0.00	$0.00
Lakewood School District	See footnote[1]	219	219	$30,221	$11.50	$11.50
Lamont School District	See footnote[1]	8	8	$0	$0.00	$0.00
Liberty School District	See footnote[1]	62	131	$0	$0.00	$0.00
Lind School District	See footnote[1]	32	63	$0	$0.00	$0.00
Longview School District	See footnote[1]	686	1,275	$0	$0.00	$0.00
Loon Lake School District	See footnote[1]	15	15	$0	$0.00	$0.00
Lopez School District	See footnote[1]	48	48	$3,652	$6.34	$6.34
Lyle School District	See footnote[1]	29	29	$0	$0.00	$0.00
Lynden School District	See footnote[1]	301	301	$0	$0.00	$0.00
Mabton School District	See footnote[1]	97	179	$0	$0.00	$0.00
Mansfield School District	See footnote[1]	22	66	$4,189	$15.87	$5.29
Manson School District	See footnote[1]	92	191	$68,141	$61.72	$29.73
Mary M Knight School District	See footnote[1]	25	25	$0	$0.00	$0.00
Mary Walker School District	See footnote[1]	71	161	$0	$0.00	$0.00
Marysville School District	See footnote[1]	1,013	1,013	$0	$0.00	$0.00
McCleary School District	See footnote[1]	39	39	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs that are not part of the medical plan and that are billed separately. Examples include wellness programs, weight management programs, and others.

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K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Mead School District	See footnote[1]	935	1,719	$489,635	$43.64	$23.74
Medical Lake School District	See footnote[1]	184	184	$3,844	$1.74	$1.74
Mercer Island School District	See footnote[1]	316	316	$272,523	$71.87	$71.87
Meridian School District	See footnote[1]	164	328	$34,686	$17.62	$8.81
Methow Valley School District	See footnote[1]	69	69	$0	$0.00	$0.00
Mill A School District	See footnote[1]	7	7	$0	$0.00	$0.00
Monroe School District	See footnote[1]	539	539	$42,050	$6.50	$6.50
Montesano School District	See footnote[1]	136	136	$0	$0.00	$0.00
Morton School District	See footnote[1]	37	37	$0	$0.00	$0.00
Moses Lake School District	See footnote[1]	811	811	$89,231	$9.17	$9.17
Mossyrock School District	See footnote[1]	64	64	$0	$0.00	$0.00
Mount Adams School District	See footnote[1]	133	133	$0	$0.00	$0.00
Mount Baker School District	See footnote[1]	225	225	$223,103	$82.63	$82.63
Mount Pleasant School District	See footnote[1]	4	5	$0	$0.00	$0.00
Mount Vernon School District	See footnote[1]	737	737	$0	$0.00	$0.00
Mukilteo School District	See footnote[1]	1,330	2,493	$0	$0.00	$0.00
Naches Valley School District	See footnote[1]	115	115	$0	$0.00	$0.00
Napavine School District	See footnote[1]	78	78	$18,318	$19.57	$19.57
Naselle-Grays River Valley School District	See footnote[1]	55	55	$0	$0.00	$0.00
Nespelem School District	See footnote[1]	22	22	$0	$0.00	$0.00
Newport School District	See footnote[1]	120	120	$0	$0.00	$0.00
Nine Mile Falls School District	See footnote[1]	147	383	$0	$0.00	$0.00
Nooksack Valley School District	See footnote[1]	198	198	$0	$0.00	$0.00
North Beach School District	See footnote[1]	80	121	$0	$0.00	$0.00
North Franklin School District	See footnote[1]	239	239	$33,562	$11.70	$11.70
North Kitsap School District	See footnote[1]	578	578	$0	$0.00	$0.00
North Mason School District	See footnote[1]	217	217	$0	$0.00	$0.00

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Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
North River School District	See footnote[1]	19	19	$0	$0.00	$0.00
North Thurston Public Schools	See footnote[1]	1,298	1,298	$387,688	$24.89	$24.89
Northport School District	See footnote[1]	34	34	$0	$0.00	$0.00
Northshore School District	See footnote[1]	1,907	3,958	$0	$0.00	$0.00
Oak Harbor School District	See footnote[1]	465	465	$0	$0.00	$0.00
Oakesdale School District	See footnote[1]	21	21	$0	$0.00	$0.00
Oakville School District	See footnote[1]	45	45	$0	$0.00	$0.00
Ocean Beach School District	See footnote[1]	111	187	$0	$0.00	$0.00
Ocosta School District	See footnote[1]	90	154	$0	$0.00	$0.00
Odessa School District	See footnote[1]	42	93	$2,655	$5.27	$2.38
Okanogan School District	See footnote[1]	128	178	$31,240	$20.34	$14.63
Olympia School District	See footnote[1]	898	898	$0	$0.00	$0.00
Omak School District	See footnote[1]	301	584	$26,781	$7.41	$3.82
Onalaska School District	See footnote[1]	88	194	$33,437	$31.66	$14.36
Onion Creek School District	See footnote[1]	11	22	$0	$0.00	$0.00
Orcas Island School District	See footnote[1]	84	178	$10,778	$10.69	$5.05
Orchard Prairie School District	See footnote[1]	9	9	$0	$0.00	$0.00
Orient School District	See footnote[1]	14	14	$0	$0.00	$0.00
Orondo School District	See footnote[1]	32	32	$0	$0.00	$0.00
Oroville School District	See footnote[1]	77	121	$0	$0.00	$0.00
Orting School District	See footnote[1]	195	195	$0	$0.00	$0.00
Othello School District	See footnote[1]	430	876	$0	$0.00	$0.00
Palisades School District	See footnote[1]	7	14	$0	$0.00	$0.00
Palouse School District	See footnote[1]	24	24	$0	$0.00	$0.00
Pasco School District	See footnote[1]	1,686	1,686	$0	$0.00	$0.00
Pateros School District	See footnote[1]	40	40	$3,923	$8.17	$8.17
Paterson School District	See footnote[1]	15	42	$4,882	$27.12	$9.69

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K–12 School District Data Collection Project
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Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Pe Ell School District	See footnote[1]	44	64	$29,401	$55.68	$38.28
Peninsula School District	See footnote[1]	782	782	$0	$0.00	$0.00
Pioneer School District	See footnote[1]	88	88	$0	$0.00	$0.00
Pomeroy School District	See footnote[1]	0	0	$0	n/a	n/a
Port Angeles School District	See footnote[1]	401	401	$0	$0.00	$0.00
Port Townsend School District	See footnote[1]	135	198	$0	$0.00	$0.00
Prescott School District	See footnote[1]	36	48	$0	$0.00	$0.00
Prosser School District	See footnote[1]	306	1,260	$0	$0.00	$0.00
Pullman School District	See footnote[1]	234	439	$0	$0.00	$0.00
Puyallup School District	See footnote[1]	1,657	1,657	$0	$0.00	$0.00
Queets-Clearwater School District	See footnote[1]	12	19	$0	$0.00	$0.00
Quilcene School District	See footnote[1]	21	21	$0	$0.00	$0.00
Quillayute Valley School District	See footnote[1]	164	164	$0	$0.00	$0.00
Quincy School District	See footnote[1]	295	295	$75,526	$21.33	$21.33
Rainier School District	See footnote[1]	82	83	$0	$0.00	$0.00
Raymond School District	See footnote[1]	71	71	$0	$0.00	$0.00
Reardan-Edwall School District	See footnote[1]	63	63	$26,951	$35.65	$35.65
Renton School District	See footnote[1]	1,460	1,460	$0	$0.00	$0.00
Republic School District	See footnote[1]	39	69	$0	$0.00	$0.00
Richland School District	See footnote[1]	1,034	1,927	$0	$0.00	$0.00
Ridgefield School District	See footnote[1]	122	122	$0	$0.00	$0.00
Ritzville School District	See footnote[1]	38	38	$0	$0.00	$0.00
Riverside School District	See footnote[1]	160	246	$0	$0.00	$0.00
Riverview School District	See footnote[1]	289	289	$0	$0.00	$0.00
Rochester School District	See footnote[1]	213	213	$0	$0.00	$0.00
Roosevelt School District	See footnote[1]	6	6	$0	$0.00	$0.00
Rosalia School District	See footnote[1]	36	36	$0	$0.00	$0.00

[1]Supplemental services offered that are not built into premiums. These programs that are not part of the medical plan and that are billed separately. Examples include wellness programs, weight management programs, and others.

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K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Royal School District	See footnote[1]	187	358	$0	$0.00	$0.00
San Juan Island School District	See footnote[1]	88	88	$7,824	$7.41	$7.41
Satsop School District	See footnote[1]	6	8	$0	$0.00	$0.00
Seattle Public Schools	See footnote[1]	5,396	9,168	$0	$0.00	$0.00
Sedro-Woolley School District	See footnote[1]	455	455	$100,454	$18.40	$18.40
Selah School District	See footnote[1]	356	633	$0	$0.00	$0.00
Selkirk School District	See footnote[1]	30	89	$0	$0.00	$0.00
Sequim School District	See footnote[1]	268	268	$0	$0.00	$0.00
Shaw Island School District	See footnote[1]	5	8	$0	$0.00	$0.00
Shelton School District	See footnote[1]	499	859	$0	$0.00	$0.00
Shoreline School District	See footnote[1]	850	850	$0	$0.00	$0.00
Skamania School District	See footnote[1]	12	19	$0	$0.00	$0.00
Skykomish School District	See footnote[1]	17	17	$0	$0.00	$0.00
Snohomish School District	See footnote[1]	846	846	$0	$0.00	$0.00
Snoqualmie Valley School District	See footnote[1]	502	502	$0	$0.00	$0.00
Soap Lake School District	See footnote[1]	59	59	$0	$0.00	$0.00
South Bend School District	See footnote[1]	55	55	$45,138	$68.39	$68.39
South Kitsap School District	See footnote[1]	823	823	$0	$0.00	$0.00
South Whidbey School District	See footnote[1]	159	159	$0	$0.00	$0.00
Southside School District	See footnote[1]	19	19	$0	$0.00	$0.00
Spokane School District	See footnote[1]	3,047	6,253	$0	$0.00	$0.00
Sprague School District	See footnote[1]	20	46	$0	$0.00	$0.00
St. John School District	See footnote[1]	25	25	$0	$0.00	$0.00
Stanwood-Camano School District	See footnote[1]	415	415	$45,891	$9.22	$9.22
Star School District	See footnote[1]	2	2	$0	$0.00	$0.00
Starbuck School District	See footnote[1]	5	5	$0	$0.00	$0.00
Stehekin School District	See footnote[1]	1	1	$0	$0.00	$0.00

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Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Steilacoom Hist. School District	See footnote[1]	242	410	$5,724	$1.97	$1.16
Steptoe School District	See footnote[1]	8	26	$0	$0.00	$0.00
Stevenson-Carson School District	See footnote[1]	108	108	$0	$0.00	$0.00
Sultan School District	See footnote[1]	193	193	$1,500	$0.65	$0.65
Summit Valley School District	See footnote[1]	17	17	$0	$0.00	$0.00
Sumner School District	See footnote[1]	759	1,651	$0	$0.00	$0.00
Sunnyside School District	See footnote[1]	748	1,413	$0	$0.00	$0.00
Tacoma School District	See footnote[1]	2,850	6,226	$278,493	$8.14	$3.73
Taholah School District	See footnote[1]	36	36	$0	$0.00	$0.00
Tahoma School District	See footnote[1]	703	703	$0	$0.00	$0.00
Tekoa School District	See footnote[1]	29	68	$0	$0.00	$0.00
Tenino School District	See footnote[1]	115	228	$37,771	$27.37	$13.81
Thorp School District	See footnote[1]	20	31	$0	$0.00	$0.00
Toledo School District	See footnote[1]	72	170	$0	$0.00	$0.00
Tonasket School District	See footnote[1]	126	198	$0	$0.00	$0.00
Toppenish School District	See footnote[1]	384	384	$0	$0.00	$0.00
Touchet School District	See footnote[1]	30	30	$0	$0.00	$0.00
Toutle Lake School District	See footnote[1]	70	136	$0	$0.00	$0.00
Trout Lake School District	See footnote[1]	21	21	$0	$0.00	$0.00
Tukwila School District	See footnote[1]	83	83	$3,792	$3.81	$3.81
Tumwater School District	See footnote[1]	649	1,180	$31,493	$4.04	$2.22
Union Gap School District	See footnote[1]	76	76	$0	$0.00	$0.00
University Place School District	See footnote[1]	501	501	$0	$0.00	$0.00
Valley School District	See footnote[1]	77	159	$0	$0.00	$0.00
Vancouver School District	See footnote[1]	2,247	3,445	$264,724	$9.82	$6.40
Vashon Island School District	See footnote[1]	139	139	$0	$0.00	$0.00
Wahkiakum School District	See footnote[1]	48	132	$0	$0.00	$0.00

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Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Wahluke School District	See footnote[1]	259	259	$0	$0.00	$0.00
Waitsburg School District	See footnote[1]	39	65	$0	$0.00	$0.00
Walla Walla Public Schools	See footnote[1]	711	711	$0	$0.00	$0.00
Wapato School District	See footnote[1]	379	379	$0	$0.00	$0.00
Warden School District	See footnote[1]	80	80	$38,461	$40.06	$40.06
Washougal School District	See footnote[1]	295	295	$0	$0.00	$0.00
Washtucna School District	See footnote[1]	23	45	$0	$0.00	$0.00
Waterville School District	See footnote[1]	34	34	$14,639	$35.88	$35.88
Wellpinit School District	See footnote[1]	66	66	$0	$0.00	$0.00
Wenatchee School District	See footnote[1]	826	826	$102,581	$10.35	$10.35
West Valley School District (Spokane)	See footnote[1]	403	403	$0	$0.00	$0.00
West Valley School District (Yakima)	See footnote[1]	483	483	$0	$0.00	$0.00
White Pass School District	See footnote[1]	51	51	$0	$0.00	$0.00
White River School District	See footnote[1]	248	248	$0	$0.00	$0.00
White Salmon Valley School District	See footnote[1]	116	116	$0	$0.00	$0.00
Wilbur School District	See footnote[1]	38	38	$0	$0.00	$0.00
Willapa Valley School District	See footnote[1]	39	39	$0	$0.00	$0.00
Wilson Creek School District	See footnote[1]	29	29	$0	$0.00	$0.00
Winlock School District	See footnote[1]	81	138	$22,572	$23.22	$13.63
Wishkah Valley School District	See footnote[1]	24	24	$0	$0.00	$0.00
Wishram School District	See footnote[1]	20	20	$0	$0.00	$0.00
Woodland School District	See footnote[1]	258	480	$0	$0.00	$0.00
Yakima School District	See footnote[1]	1,696	1,696	$0	$0.00	$0.00
Yelm School District	See footnote[1]	516	516	$63,411	$10.24	$10.24
Zillah School District	See footnote[1]	137	278	$0	$0.00	$0.00
Low		**0**	**0**	**$0**	**$0.00**	**$0.00**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12c
Supplemental Services Financial Summary by District
School Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of Services	Enrollment		Payments		
		Employees	Members	Total	PEPM	PMPM
Average		**343**	**469**	**$41**	**$3.44**	**$2.76**
High		**5,396**	**9,168**	**$489,635**	**$82.63**	**$82.63**
Grand Total		**101,273**	**138,274**	**$4,181,144**		

[1]Supplemental services offered that are not built into premiums. These programs that are not part of the medical plan and that are billed separately. Examples include wellness programs, weight management programs, and others.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12d
Supplemental Services Financial Summary by Carrier
Plan Year Ending in 2013

Carrier	Description of Services[1]	Employees	Members	Fees Received[2]	Fees Received PEPM	Fees Recevied PMPM
Carrier 1	None Reported	65,244	124,937	$0	$0.00	$0.00
Carrier 2	None Reported	20,309	39,496	$0	$0.00	$0.00
Carrier 3	None Reported	11,388	21,026	$0	$0.00	$0.00
Carrier 4	None Reported	3,629	7,225	$0	$0.00	$0.00
Carrier 5	None Reported	330	607	$0	$0.00	$0.00
Carrier 6	None Reported	1,132	2,214	$0	$0.00	$0.00
Carrier 7	None Reported	1,556	3,082	$0	$0.00	$0.00
Carrier 8	None Reported	1,217	3,037	$0	$0.00	$0.00
Carrier 9	None Reported	193	263	$0	$0.00	$0.00
Grand Total		**104,998**	**201,887**	**$0**	**$0.00**	**$0.00**

[1]Description of supplemental services purchased, but not built into premiums.
[2]Fees carriers received for supplemental services.

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12e

District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Aberdeen School District	472	775	$3,666,596	$0	$0	$113,190
Adna School District	36	79	$237,218	$0	$0	$11,950
Almira School District	21	50	$245,187	$0	$0	$0
Anacortes School District	235	235	$1,802,388	$0	$20,000	$62,544
Arlington School District	468	468	$3,063,819	$0	$0	$168,991
Asotin-Anatone School District	70	70	$332,300	$0	$0	$5,614
Auburn School District	1,417	1,417	$15,082,915	$0	$76,560	$355,593
Bainbridge Island School District	363	542	$4,468,900	$0	$22,500	$93,558
Battle Ground School District	1,147	1,147	$13,029,971	$0	$32,548	$322,861
Bellevue School District	2,004	3,895	$19,579,271	$82,453	$42,941	$385,140
Bellingham School District	1,106	1,106	$11,146,276	$0	$0	$327,648
Benge School District	0	0	$36,513	$0	$0	$632
Bethel School District	1,520	1,520	$15,630,082	$0	$0	$298,464
Bickleton School District	12	23	$269,262	$0	$0	$1,521
Blaine School District	228	228	$2,354,905	$0	$0	$6,094
Boistfort School District	17	17	$95,489	$0	$0	$3,790
Bremerton School District	433	433	$4,352,773	$0	$0	$180,541
Brewster School District	106	180	$999,854	$0	$12,961	$23,498
Bridgeport School District	95	180	$592,305	$0	$0	$13,650
Brinnon School District	10	16	$86,968	$0	$0	$4,163
Burlington-Edison School District	414	414	$4,422,959	$0	$0	$37,466
Camas School District	610	1,352	$6,302,000	$0	$39,825	$137,409
Cape Flattery School District	84	84	$482,455	$0	$0	$16,744
Carbonado School District	20	33	$118,409	$0	$0	$4,822
Cascade School District	127	127	$1,204,229	$0	$0	$30,110
Cashmere School District	131	131	$1,779,655	$0	$0	$0
Castle Rock School District	138	246	$985,246	$0	$0	$0
Centerville School District	9	9	$150,821	$270	$0	$1,331
Central Kitsap School District	1,048	1,048	$10,553,312	$38,781	$0	$0
Central Valley School District	1,337	1,337	$13,134,793	$0	$39,557	$302,917
Centralia School District	369	702	$3,820,643	$0	$0	$91,293
Chehalis School District	298	298	$1,956,477	$0	$0	$90,329

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
District Administrative Costs by District Not Paid Through Carrier Insurance Premiums
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Cheney School District	441	441	$3,913,144	$0	$35,250	$0
Chewelah School District	94	186	$857,636	$0	$3,081	$21,921
Chimacum School District	123	177	$805,524	$0	$0	$45,494
Clarkston School District	287	287	$2,870,123	$0	$0	$0
Cle Elum-Roslyn School District	97	200	$1,098,308	$0	$0	$23,661
Clover Park School District	1,263	2,139	$23,334,030	$0	$0	$216,874
Colfax School District	61	125	$620,596	$0	$0	$0
College Place School District	103	202	$934,313	$500	$0	$35,317
Colton School District	22	22	$166,537	$0	$0	$6,230
Columbia (Stevens) School District	29	46	$268,217	$0	$0	$5,103
Columbia (Walla Walla) School District	90	90	$1,012,185	$0	$0	$23,557
Colville School District	185	368	$1,177,378	$0	$0	$30,144
Concrete School District	61	94	$569,415	$0	$0	$19,587
Conway School District	45	45	$338,898	$0	$0	$0
Cosmopolis School District	14	14	$102,301	$0	$0	$5,181
Coulee-Hartline School District	31	76	$377,664	$0	$0	$0
Coupeville School District	91	91	$927,588	$0	$0	$1,972
Crescent School District	35	64	$348,841	$0	$0	$5,671
Creston School District	26	48	$167,852	$0	$0	$4,424
Curlew School District	27	27	$291,131	$0	$0	$8,532
Cusick School District	44	44	$454,367	$0	$0	$5,460
Damman School District	4	12	$33,208	$0	$0	$0
Darrington School District	52	52	$452,959	$0	$0	$1,492
Davenport School District	62	62	$479,030	$0	$2,893	$14,646
Dayton School District	53	53	$438,897	$0	$0	$17,967
Deer Park School District	232	472	$2,252,807	$0	$0	$39,720
Dieringer School District	138	138	$817,533	$0	$5,056	$22,084
Dixie School District	7	7	$70,923	$0	$0	$1,955
East Valley School District (Spokane)	436	696	$3,050,949	$0	$0	$79,038
East Valley School District (Yakima)	289	538	$2,185,420	$0	$22,591	$75,384
Eastmont School District	554	1,106	$5,716,181	$0	$9,596	$17,469
Easton School District	21	21	$229,200	$0	$0	$0

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
District Administrative Costs by District Not Paid Through Carrier Insurance Premiums
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Eatonville School District	186	359	$1,492,389	$0	$0	$0
Edmonds School District	1,897	1,897	$13,715,933	$0	$0	$150,920
Ellensburg School District	318	318	$2,243,886	$0	$25,000	$79,068
Elma School District	182	296	$1,747,275	$0	$0	$29,448
Endicott School District	24	24	$195,957	$0	$0	$1,170
Entiat School District	42	101	$444,423	$0	$0	$10,393
Enumclaw School District	407	407	$4,074,557	$0	$0	$128,192
Ephrata School District	239	539	$2,252,822	$0	$0	$91,947
Evaline School District	0	0	$30,541	$0	$0	$1,520
Everett School District	1,577	3,658	$17,828,886	$19,755	$136,442	$376,344
Evergreen School District (Clark)	2,287	2,287	$23,544,398	$1,188,637	$76,283	$0
Evergreen School District (Stevens)	6	9	$21,131	$0	$0	$780
Federal Way School District	2,208	2,208	$21,183,620	$0	$0	$71,477
Ferndale School District	470	919	$4,747,921	$0	$0	$150,766
Fife School District	316	316	$3,377,375	$0	$0	$75,222
Finley School District	103	185	$970,019	$0	$0	$34,200
Franklin Pierce School District	809	809	$5,258,300	$0	$0	$220,805
Freeman School District	92	165	$891,978	$0	$0	$21,267
Garfield School District	24	24	$204,770	$0	$0	$3,819
Glenwood School District	20	20	$182,196	$2,316	$0	$2,840
Goldendale School District	97	97	$1,190,790	$0	$0	$17,819
Grand Coulee Dam School District	105	203	$983,069	$0	$0	$34,485
Grandview School District	359	721	$3,887,179	$0	$0	$84,072
Granger School District	178	396	$1,551,390	$0	$0	$108,858
Granite Falls School District	171	344	$1,321,896	$0	$0	$1,479
Grapeview School District	22	38	$227,937	$0	$0	$6,230
Great Northern School District	4	4	$43,811	$0	$0	$666
Green Mountain School District	19	38	$165,989	$0	$0	$7,188
Griffin School District	73	152	$550,472	$0	$0	$13,509
Harrington School District	28	28	$296,207	$0	$0	$1,170
Highland School District	138	142	$1,020,499	$0	$0	$33,785
Highline School District	2,135	2,135	$19,894,826	$0	$61,080	$461,680

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K–12 School District Data Collection Project
Exhibit A12e
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School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Hockinson School District	158	340	$1,497,194	$0	$18,450	$14,068
Hood Canal School District	41	41	$379,400	$0	$0	$19,980
Hoquiam School District	181	347	$1,827,241	$0	$0	$58,039
Inchelium School District	41	41	$368,784	$0	$0	$9,584
Index School District	5	6	$24,756	$0	$0	$1,284
Issaquah School District	1,674	1,674	$15,842,153	$0	$95,000	$415,566
Kahlotus School District	19	19	$118,432	$0	$0	$4,552
Kalama School District	68	149	$758,396	$0	$0	$15,893
Keller School District	11	31	$64,084	$0	$0	$2,875
Kelso School District	466	888	$3,701,560	$0	$0	$146,785
Kennewick School District	1,584	1,584	$15,903,683	$156,616	$0	$0
Kent School District	2,292	2,292	$32,259,047	$0	$0	$0
Kettle Falls School District	82	165	$537,461	$0	$0	$22,941
Kiona-Benton City School District	149	306	$1,228,228	$0	$0	$49,020
Kittitas School District	74	74	$870,817	$0	$0	$0
Klickitat School District	20	28	$186,449	$545	$0	$2,600
La Center School District	83	180	$1,040,231	$0	$0	$12,629
La Conner School District	87	87	$538,818	$0	$0	$16,768
LaCrosse School District	22	22	$194,388	$0	$5,100	$2,370
Lake Chelan School District	166	166	$1,016,711	$0	$0	$21,158
Lake Quinault School District	16	16	$289,168	$0	$0	$4,568
Lake Stevens School District	357	357	$7,566,602	$0	$0	$199,095
Lake Washington School District	2,272	2,272	$16,342,304	$0	$110,725	$767,522
Lakewood School District	219	219	$2,166,874	$0	$0	$70,929
Lamont School District	8	8	$57,474	$0	$0	$1,264
Liberty School District	62	131	$746,675	$0	$0	$0
Lind School District	32	63	$224,757	$0	$0	$0
Longview School District	686	1,275	$5,236,494	$0	$15,934	$156,978
Loon Lake School District	15	15	$79,200	$0	$0	$3,790
Lopez School District	48	48	$380,098	$0	$0	$12,429
Lyle School District	29	29	$305,765	$1,468	$0	$4,066
Lynden School District	301	301	$2,677,334	$0	$0	$52,712

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K–12 School District Data Collection Project
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School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Mabton School District	97	179	$1,154,861	$0	$79,541	$23,662
Mansfield School District	22	66	$256,458	$0	$0	$0
Manson School District	92	191	$846,641	$0	$0	$18,948
Mary M Knight School District	25	25	$188,422	$0	$0	$4,534
Mary Walker School District	71	161	$617,522	$0	$0	$7,821
Marysville School District	1,013	1,013	$11,032,370	$0	$38,000	$438,169
McCleary School District	39	39	$395,095	$0	$11,128	$11,321
Mead School District	935	1,719	$9,318,581	$0	$46,982	$165,931
Medical Lake School District	184	184	$1,930,711	$0	$0	$2,404
Mercer Island School District	316	316	$4,127,475	$0	$0	$106,940
Meridian School District	164	328	$1,673,899	$0	$15,447	$46,596
Methow Valley School District	69	69	$764,286	$0	$0	$910
Mill A School District	7	7	$56,989	$0	$0	$658
Monroe School District	539	539	$4,389,675	$0	$18,333	$185,825
Montesano School District	136	136	$835,497	$0	$0	$39,459
Morton School District	37	37	$274,839	$0	$0	$12,519
Moses Lake School District	811	811	$5,461,889	$0	$84,082	$233,449
Mossyrock School District	64	64	$583,036	$0	$0	$26,326
Mount Adams School District	133	133	$1,014,753	$0	$0	$18,928
Mount Baker School District	225	225	$2,226,165	$0	$0	$72,534
Mount Pleasant School District	4	5	$44,420	$0	$0	$569
Mount Vernon School District	737	737	$7,302,746	$0	$12,000	$167,162
Mukilteo School District	1,330	2,493	$13,900,059	$0	$0	$0
Naches Valley School District	115	115	$1,006,403	$0	$0	$22,942
Napavine School District	78	78	$480,564	$0	$0	$19,192
Naselle-Grays River Valley School District	55	55	$410,571	$0	$0	$8,626
Nespelem School District	22	22	$269,807	$0	$0	$6,829
Newport School District	120	120	$1,075,731	$0	$0	$33,081
Nine Mile Falls School District	147	383	$1,513,857	$0	$0	$34,634
Nooksack Valley School District	198	198	$1,981,589	$0	$0	$61,138
North Beach School District	80	121	$784,001	$0	$0	$30,394
North Franklin School District	239	239	$2,277,980	$0	$0	$87,149

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Washington State Office of the Insurance Commissioner
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School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
North Kitsap School District	578	578	$5,781,936	$0	$0	$137,736
North Mason School District	217	217	$1,538,370	$0	$0	$43,329
North River School District	19	19	$170,161	$0	$0	$4,552
North Thurston Public Schools	1,298	1,298	$11,225,430	$0	$0	$250,312
Northport School District	34	34	$366,241	$0	$0	$5,617
Northshore School District	1,907	3,958	$17,568,609	$0	$0	$308,139
Oak Harbor School District	465	465	$3,298,738	$0	$53,405	$136,512
Oakesdale School District	21	21	$264,545	$0	$0	$2,469
Oakville School District	45	45	$288,017	$0	$0	$13,047
Ocean Beach School District	111	187	$749,951	$0	$0	$16,624
Ocosta School District	90	154	$853,459	$0	$0	$19,435
Odessa School District	42	93	$247,486	$0	$0	$5,460
Okanogan School District	128	178	$1,350,436	$0	$0	$18,200
Olympia School District	898	898	$6,354,546	$0	$44,000	$170,333
Omak School District	301	584	$2,606,709	$0	$15,000	$60,028
Onalaska School District	88	194	$845,062	$0	$0	$36,958
Onion Creek School District	11	22	$126,989	$0	$0	$0
Orcas Island School District	84	178	$770,288	$0	$0	$22,463
Orchard Prairie School District	9	9	$85,151	$0	$0	$0
Orient School District	14	14	$139,957	$0	$0	$0
Orondo School District	32	32	$212,760	$0	$0	$4,680
Oroville School District	77	121	$77,000	$0	$0	$9,750
Orting School District	195	195	$1,648,487	$0	$0	$57,830
Othello School District	430	876	$0	$2,563,914	$8,630	$138,591
Palisades School District	7	14	$82,511	$0	$0	$0
Palouse School District	24	24	$331,439	$0	$0	$4,193
Pasco School District	1,686	1,686	$15,849,175	$0	$65,715	$650,034
Pateros School District	40	40	$338,671	$0	$0	$8,483
Paterson School District	15	42	$123,528	$0	$0	$7,907
Pe Ell School District	44	64	$409,322	$0	$0	$9,862
Peninsula School District	782	782	$8,041,624	$0	$0	$194,868
Pioneer School District	88	88	$655,983	$0	$0	$13,325

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District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Pomeroy School District	0	0	$274,536	$0	$0	$9,096
Port Angeles School District	401	401	$2,636,332	$0	$0	$103,477
Port Townsend School District	135	198	$957,422	$0	$0	$0
Prescott School District	36	48	$280,345	$0	$4,800	$10,273
Prosser School District	306	1,260	$3,333,139	$0	$0	$137,234
Pullman School District	234	439	$2,211,557	$0	$0	$61,845
Puyallup School District	1,657	1,657	$17,579,427	$0	$154,543	$330,038
Queets-Clearwater School District	12	19	$89,256	$0	$0	$4,672
Quilcene School District	21	21	$231,772	$0	$0	$158,727
Quillayute Valley School District	164	164	$1,652,810	$0	$0	$34,913
Quincy School District	295	295	$2,210,032	$0	$0	$44,021
Rainier School District	82	83	$672,976	$0	$0	$22,163
Raymond School District	71	71	$471,502	$0	$0	$12,188
Reardan-Edwall School District	63	63	$621,003	$0	$0	$23,513
Renton School District	1,460	1,460	$10,745,435	$0	$0	$285,773
Republic School District	39	69	$375,009	$0	$0	$15,892
Richland School District	1,034	1,927	$9,844,792	$0	$0	$432,874
Ridgefield School District	122	122	$1,451,882	$0	$0	$11,221
Ritzville School District	38	38	$555,917	$0	$0	$0
Riverside School District	160	246	$1,666,446	$0	$3,531	$50,079
Riverview School District	289	289	$3,005,688	$0	$38,166	$100,557
Rochester School District	213	213	$2,056,819	$0	$0	$0
Roosevelt School District	6	6	$27,892	$0	$0	$24,825
Rosalia School District	36	36	$257,300	$0	$0	$10,033
Royal School District	187	358	$1,705,986	$0	$0	$37,990
San Juan Island School District	88	88	$958,890	$0	$0	$26,027
Satsop School District	6	8	$38,145	$0	$0	$1,040
Seattle Public Schools	5,396	9,168	$52,145,915	$146,198	$0	$0
Sedro-Woolley School District	455	455	$2,985,677	$0	$0	$107,384
Selah School District	356	633	$2,582,464	$0	$0	$89,158
Selkirk School District	30	89	$242,176	$0	$0	$0
Sequim School District	268	268	$2,798,741	$0	$0	$21,910

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Shaw Island School District	5	8	$31,589	$0	$0	$0
Shelton School District	499	859	$4,769,172	$0	$0	$117,321
Shoreline School District	850	850	$6,495,406	$0	$32,000	$185,254
Skamania School District	12	19	$97,402	$0	$0	$1,118
Skykomish School District	17	17	$176,820	$0	$0	$2,567
Snohomish School District	846	846	$9,944,245	$0	$0	$109,108
Snoqualmie Valley School District	502	502	$6,339,002	$0	$0	$168,143
Soap Lake School District	59	59	$596,800	$0	$0	$10,369
South Bend School District	55	55	$586,852	$0	$0	$15,089
South Kitsap School District	823	823	$9,406,243	$0	$0	$276,197
South Whidbey School District	159	159	$1,626,830	$0	$0	$33,166
Southside School District	19	19	$110,379	$0	$0	$4,612
Spokane School District	3,047	6,253	$34,122,205	$0	$0	$1,190,375
Sprague School District	20	46	$238,194	$0	$0	$4,266
St. John School District	25	25	$283,295	$0	$0	$632
Stanwood-Camano School District	415	415	$3,593,611	$0	$32,600	$132,080
Star School District	2	2	$37,302	$0	$0	$390
Starbuck School District	5	5	$49,651	$0	$0	$553
Stehekin School District	1	1	$17,967	$0	$0	$359
Steilacoom Hist. School District	242	410	$2,240,937	$21,966	$0	$66,127
Steptoe School District	8	26	$63,545	$0	$0	$0
Stevenson-Carson School District	108	108	$1,158,376	$290,904	$0	$14,326
Sultan School District	193	193	$1,471,166	$0	$0	$45,169
Summit Valley School District	17	17	$118,232	$0	$0	$0
Sumner School District	759	1,651	$5,816,833	$0	$0	$160,490
Sunnyside School District	748	1,413	$6,722,409	$0	$0	$267,701
Tacoma School District	2,850	6,226	$32,220,267	$0	$383,810	$569,231
Taholah School District	36	36	$253,698	$0	$200	$9,584
Tahoma School District	703	703	$7,014,896	$0	$0	$137,714
Tekoa School District	29	68	$324,448	$0	$2	$4,599
Tenino School District	115	228	$1,195,209	$0	$0	$22,360
Thorp School District	20	31	$224,138	$9,360	$0	$4,661

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Toledo School District	72	170	$465,989	$0	$0	$15,326
Tonasket School District	126	198	$890,045	$52,458	$8,412	$8,840
Toppenish School District	384	384	$2,627,381	$0	$21,000	$62,446
Touchet School District	30	30	$301,059	$0	$0	$5,530
Toutle Lake School District	70	136	$569,113	$0	$0	$23,061
Trout Lake School District	21	21	$262,440	$602	$0	$3,474
Tukwila School District	83	83	$2,043,651	$0	$0	$57,638
Tumwater School District	649	1,180	$6,434,908	$0	$54,563	$120,514
Union Gap School District	76	76	$674,870	$0	$0	$28,075
University Place School District	501	501	$4,506,172	$59,288	$0	$0
Valley School District	77	159	$554,383	$0	$0	$18,612
Vancouver School District	2,247	3,445	$22,793,033	$0	$0	$727,372
Vashon Island School District	139	139	$1,672,101	$0	$10,400	$24,505
Wahkiakum School District	48	132	$557,966	$0	$0	$0
Wahluke School District	259	259	$3,160,020	$0	$0	$0
Waitsburg School District	39	65	$347,881	$0	$0	$7,410
Walla Walla Public Schools	711	711	$7,015,880	$0	$0	$283,327
Wapato School District	379	379	$3,593,935	$0	$27,532	$50,839
Warden School District	80	80	$1,374,231	$0	$0	$0
Washougal School District	295	295	$2,805,606	$0	$3	$82,705
Washtucna School District	23	45	$238,765	$0	$0	$9,105
Waterville School District	34	34	$245,341	$0	$0	$5,639
Wellpinit School District	66	66	$448,752	$0	$0	$714
Wenatchee School District	826	826	$7,873,149	$0	$0	$183,869
West Valley School District (Spokane)	403	403	$4,203,505	$0	$0	$71,667
West Valley School District (Yakima)	483	483	$4,736,836	$0	$0	$103,161
White Pass School District	51	51	$342,333	$0	$0	$17,491
White River School District	248	248	$2,370,937	$0	$0	$61,909
White Salmon Valley School District	116	116	$1,260,831	$3,282	$0	$16,213
Wilbur School District	38	38	$357,267	$0	$0	$3,088
Willapa Valley School District	39	39	$260,990	$0	$0	$10,450
Wilson Creek School District	29	29	$381,026	$0	$0	$4,560

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12e
District Administrative Costs by District Not Paid Through Carrier Insurance Premiums

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Members	Premiums	External Admin Only	Internal Admin Only[1]	Additional Compensation to Brokers[2]
Winlock School District	81	138	$493,892	$0	$0	$15,504
Wishkah Valley School District	24	24	$36,029	$0	$2,892	$7,585
Wishram School District	20	20	$173,000	$0	$0	$3,338
Woodland School District	258	480	$2,439,389	$0	$0	$43,017
Yakima School District	1,696	1,696	$18,797,653	$0	$0	$0
Yelm School District	516	516	$5,424,759	$0	$0	$116,880
Zillah School District	137	278	$1,193,796	$0	$0	$3,474
Low	**0**	**0**	**$0**	**$0**	**$0**	**$0**
Average	**343**	**469**	**$14,103,787**	**$51,037**	**$30,874**	**$226,818**
High	**5,396**	**9,168**	**$52,145,915**	**$2,563,914**	**$383,810**	**$1,190,375**
Grand Total	**101,273**	**138,274**	**$986,862,941**	**$4,639,314**	**$2,176,091**	**$20,288,519**

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Aberdeen School District	472	$647.35	$0.00	$0.00	$19.98
Adna School District	36	$549.12	$0.00	$0.00	$27.66
Almira School District	21	$972.96	$0.00	$0.00	$0.00
Anacortes School District	235	$639.14	$0.00	$7.09	$22.18
Arlington School District	468	$545.55	$0.00	$0.00	$30.09
Asotin-Anatone School District	70	$395.59	$0.00	$0.00	$6.68
Auburn School District	1,417	$887.02	$0.00	$4.50	$20.91
Bainbridge Island School District	363	$1,025.92	$0.00	$5.17	$21.48
Battle Ground School District	1,147	$946.67	$0.00	$2.36	$23.46
Bellevue School District	2,004	$814.17	$3.43	$1.79	$16.02
Bellingham School District	1,106	$839.83	$0.00	$0.00	$24.69
Benge School District	0	$0.00	$0.00	$0.00	$0.00
Bethel School District	1,520	$856.91	$0.00	$0.00	$16.36
Bickleton School District	12	$1,869.87	$0.00	$0.00	$10.56
Blaine School District	228	$860.71	$0.00	$0.00	$2.23
Boistfort School District	17	$468.08	$0.00	$0.00	$18.58
Bremerton School District	433	$837.72	$0.00	$0.00	$34.75
Brewster School District	106	$786.05	$0.00	$10.19	$18.47
Bridgeport School District	95	$519.57	$0.00	$0.00	$11.97
Brinnon School District	10	$724.73	$0.00	$0.00	$34.69
Burlington-Edison School District	414	$890.29	$0.00	$0.00	$7.54
Camas School District	610	$860.93	$0.00	$5.44	$18.77
Cape Flattery School District	84	$478.63	$0.00	$0.00	$16.61
Carbonado School District	20	$493.37	$0.00	$0.00	$20.09
Cascade School District	127	$790.18	$0.00	$0.00	$19.76
Cashmere School District	131	$1,132.10	$0.00	$0.00	$0.00
Castle Rock School District	138	$594.96	$0.00	$0.00	$0.00
Centerville School District	9	$1,396.49	$2.50	$0.00	$12.33
Central Kitsap School District	1,048	$839.16	$3.08	$0.00	$0.00
Central Valley School District	1,337	$818.67	$0.00	$2.47	$18.88
Centralia School District	369	$862.84	$0.00	$0.00	$20.62
Chehalis School District	298	$547.11	$0.00	$0.00	$25.26

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Cheney School District	441	$739.45	$0.00	$6.66	$0.00
Chewelah School District	94	$760.32	$0.00	$2.73	$19.43
Chimacum School District	123	$545.75	$0.00	$0.00	$30.82
Clarkston School District	287	$833.37	$0.00	$0.00	$0.00
Cle Elum-Roslyn School District	97	$943.56	$0.00	$0.00	$20.33
Clover Park School District	1,263	$1,539.59	$0.00	$0.00	$14.31
Colfax School District	61	$847.81	$0.00	$0.00	$0.00
College Place School District	103	$755.92	$0.40	$0.00	$28.57
Colton School District	22	$630.82	$0.00	$0.00	$23.60
Columbia (Stevens) School District	29	$770.74	$0.00	$0.00	$14.66
Columbia (Walla Walla) School District	90	$937.21	$0.00	$0.00	$21.81
Colville School District	185	$530.35	$0.00	$0.00	$13.58
Concrete School District	61	$777.89	$0.00	$0.00	$26.76
Conway School District	45	$627.59	$0.00	$0.00	$0.00
Cosmopolis School District	14	$608.94	$0.00	$0.00	$30.84
Coulee-Hartline School District	31	$1,015.23	$0.00	$0.00	$0.00
Coupeville School District	91	$849.44	$0.00	$0.00	$1.81
Crescent School District	35	$830.57	$0.00	$0.00	$13.50
Creston School District	26	$537.99	$0.00	$0.00	$14.18
Curlew School District	27	$898.55	$0.00	$0.00	$26.33
Cusick School District	44	$860.54	$0.00	$0.00	$10.34
Damman School District	4	$691.83	$0.00	$0.00	$0.00
Darrington School District	52	$725.90	$0.00	$0.00	$2.39
Davenport School District	62	$643.86	$0.00	$3.89	$19.69
Dayton School District	53	$690.09	$0.00	$0.00	$28.25
Deer Park School District	232	$809.20	$0.00	$0.00	$14.27
Dieringer School District	138	$493.68	$0.00	$3.05	$13.34
Dixie School District	7	$844.33	$0.00	$0.00	$23.28
East Valley School District (Spokane)	436	$583.13	$0.00	$0.00	$15.11
East Valley School District (Yakima)	289	$630.17	$0.00	$6.51	$21.74
Eastmont School District	554	$859.83	$0.00	$1.44	$2.63
Easton School District	21	$909.52	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Eatonville School District	186	$668.63	$0.00	$0.00	$0.00
Edmonds School District	1,897	$602.53	$0.00	$0.00	$6.63
Ellensburg School District	318	$588.02	$0.00	$6.55	$20.72
Elma School District	182	$800.03	$0.00	$0.00	$13.48
Endicott School District	24	$680.41	$0.00	$0.00	$4.06
Entiat School District	42	$881.79	$0.00	$0.00	$20.62
Enumclaw School District	407	$834.27	$0.00	$0.00	$26.25
Ephrata School District	239	$785.50	$0.00	$0.00	$32.06
Evaline School District	0	$0.00	$0.00	$0.00	$0.00
Everett School District	1,577	$942.13	$1.04	$7.21	$19.89
Evergreen School District (Clark)	2,287	$857.91	$43.31	$2.78	$0.00
Evergreen School District (Stevens)	6	$293.48	$0.00	$0.00	$10.83
Federal Way School District	2,208	$799.50	$0.00	$0.00	$2.70
Ferndale School District	470	$841.83	$0.00	$0.00	$26.73
Fife School District	316	$890.66	$0.00	$0.00	$19.84
Finley School District	103	$784.80	$0.00	$0.00	$27.67
Franklin Pierce School District	809	$541.65	$0.00	$0.00	$22.74
Freeman School District	92	$807.95	$0.00	$0.00	$19.26
Garfield School District	24	$711.01	$0.00	$0.00	$13.26
Glenwood School District	20	$759.15	$9.65	$0.00	$11.83
Goldendale School District	97	$1,023.02	$0.00	$0.00	$15.31
Grand Coulee Dam School District	105	$780.21	$0.00	$0.00	$27.37
Grandview School District	359	$902.32	$0.00	$0.00	$19.52
Granger School District	178	$726.31	$0.00	$0.00	$50.96
Granite Falls School District	171	$644.20	$0.00	$0.00	$0.72
Grapeview School District	22	$863.40	$0.00	$0.00	$23.60
Great Northern School District	4	$912.73	$0.00	$0.00	$13.88
Green Mountain School District	19	$728.02	$0.00	$0.00	$31.52
Griffin School District	73	$628.39	$0.00	$0.00	$15.42
Harrington School District	28	$881.57	$0.00	$0.00	$3.48
Highland School District	138	$616.24	$0.00	$0.00	$20.40
Highline School District	2,135	$776.53	$0.00	$2.38	$18.02

[1] Includes Staff Costs Allocated to Employee Benefits

[2] Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Hockinson School District	158	$789.66	$0.00	$9.73	$7.42
Hood Canal School District	41	$771.14	$0.00	$0.00	$40.61
Hoquiam School District	181	$841.27	$0.00	$0.00	$26.72
Inchelium School District	41	$749.56	$0.00	$0.00	$19.48
Index School District	5	$412.59	$0.00	$0.00	$21.40
Issaquah School District	1,674	$788.64	$0.00	$4.73	$20.69
Kahlotus School District	19	$519.44	$0.00	$0.00	$19.97
Kalama School District	68	$929.41	$0.00	$0.00	$19.48
Keller School District	11	$485.48	$0.00	$0.00	$21.78
Kelso School District	466	$661.94	$0.00	$0.00	$26.25
Kennewick School District	1,584	$836.68	$8.24	$0.00	$0.00
Kent School District	2,292	$1,172.89	$0.00	$0.00	$0.00
Kettle Falls School District	82	$546.20	$0.00	$0.00	$23.31
Kiona-Benton City School District	149	$686.93	$0.00	$0.00	$27.42
Kittitas School District	74	$980.65	$0.00	$0.00	$0.00
Klickitat School District	20	$776.87	$2.27	$0.00	$10.83
La Center School District	83	$1,044.41	$0.00	$0.00	$12.68
La Conner School District	87	$516.11	$0.00	$0.00	$16.06
LaCrosse School District	22	$736.32	$0.00	$19.32	$8.98
Lake Chelan School District	166	$510.40	$0.00	$0.00	$10.62
Lake Quinault School District	16	$1,506.08	$0.00	$0.00	$23.79
Lake Stevens School District	357	$1,766.25	$0.00	$0.00	$46.47
Lake Washington School District	2,272	$599.41	$0.00	$4.06	$28.15
Lakewood School District	219	$824.53	$0.00	$0.00	$26.99
Lamont School District	8	$598.69	$0.00	$0.00	$13.17
Liberty School District	62	$1,003.59	$0.00	$0.00	$0.00
Lind School District	32	$585.30	$0.00	$0.00	$0.00
Longview School District	686	$636.11	$0.00	$1.94	$19.07
Loon Lake School District	15	$440.00	$0.00	$0.00	$21.06
Lopez School District	48	$659.89	$0.00	$0.00	$21.58
Lyle School District	29	$878.64	$4.22	$0.00	$11.68
Lynden School District	301	$741.23	$0.00	$0.00	$14.59

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Mabton School District	97	$992.15	$0.00	$68.33	$20.33
Mansfield School District	22	$971.43	$0.00	$0.00	$0.00
Manson School District	92	$766.88	$0.00	$0.00	$17.16
Mary M Knight School District	25	$628.07	$0.00	$0.00	$15.11
Mary Walker School District	71	$724.79	$0.00	$0.00	$9.18
Marysville School District	1,013	$907.57	$0.00	$3.13	$36.05
McCleary School District	39	$844.22	$0.00	$23.78	$24.19
Mead School District	935	$830.53	$0.00	$4.19	$14.79
Medical Lake School District	184	$874.42	$0.00	$0.00	$1.09
Mercer Island School District	316	$1,088.47	$0.00	$0.00	$28.20
Meridian School District	164	$850.56	$0.00	$7.85	$23.68
Methow Valley School District	69	$923.05	$0.00	$0.00	$1.10
Mill A School District	7	$678.44	$0.00	$0.00	$7.84
Monroe School District	539	$678.68	$0.00	$2.83	$28.73
Montesano School District	136	$511.95	$0.00	$0.00	$24.18
Morton School District	37	$619.01	$0.00	$0.00	$28.20
Moses Lake School District	811	$561.23	$0.00	$8.64	$23.99
Mossyrock School District	64	$759.16	$0.00	$0.00	$34.28
Mount Adams School District	133	$635.81	$0.00	$0.00	$11.86
Mount Baker School District	225	$824.51	$0.00	$0.00	$26.86
Mount Pleasant School District	4	$925.42	$0.00	$0.00	$11.85
Mount Vernon School District	737	$825.73	$0.00	$1.36	$18.90
Mukilteo School District	1,330	$870.93	$0.00	$0.00	$0.00
Naches Valley School District	115	$729.28	$0.00	$0.00	$16.62
Napavine School District	78	$513.42	$0.00	$0.00	$20.50
Naselle-Grays River Valley School District	55	$622.08	$0.00	$0.00	$13.07
Nespelem School District	22	$1,022.00	$0.00	$0.00	$25.87
Newport School District	120	$747.04	$0.00	$0.00	$22.97
Nine Mile Falls School District	147	$858.20	$0.00	$0.00	$19.63
Nooksack Valley School District	198	$834.00	$0.00	$0.00	$25.73
North Beach School District	80	$816.67	$0.00	$0.00	$31.66
North Franklin School District	239	$794.27	$0.00	$0.00	$30.39

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
North Kitsap School District	578	$833.61	$0.00	$0.00	$19.86
North Mason School District	217	$590.77	$0.00	$0.00	$16.64
North River School District	19	$746.32	$0.00	$0.00	$19.97
North Thurston Public Schools	1,298	$720.69	$0.00	$0.00	$16.07
Northport School District	34	$897.65	$0.00	$0.00	$13.77
Northshore School District	1,907	$767.72	$0.00	$0.00	$13.47
Oak Harbor School District	465	$591.17	$0.00	$9.57	$24.46
Oakesdale School District	21	$1,049.78	$0.00	$0.00	$9.80
Oakville School District	45	$533.36	$0.00	$0.00	$24.16
Ocean Beach School District	111	$563.03	$0.00	$0.00	$12.48
Ocosta School District	90	$790.24	$0.00	$0.00	$18.00
Odessa School District	42	$491.04	$0.00	$0.00	$10.83
Okanogan School District	128	$879.19	$0.00	$0.00	$11.85
Olympia School District	898	$589.69	$0.00	$4.08	$15.81
Omak School District	301	$721.68	$0.00	$4.15	$16.62
Onalaska School District	88	$800.25	$0.00	$0.00	$35.00
Onion Creek School District	11	$962.04	$0.00	$0.00	$0.00
Orcas Island School District	84	$764.17	$0.00	$0.00	$22.28
Orchard Prairie School District	9	$788.44	$0.00	$0.00	$0.00
Orient School District	14	$833.08	$0.00	$0.00	$0.00
Orondo School District	32	$554.06	$0.00	$0.00	$12.19
Oroville School District	77	$83.33	$0.00	$0.00	$10.55
Orting School District	195	$704.48	$0.00	$0.00	$24.71
Othello School District	430	$0.00	$496.88	$1.67	$26.86
Palisades School District	7	$982.27	$0.00	$0.00	$0.00
Palouse School District	24	$1,150.83	$0.00	$0.00	$14.56
Pasco School District	1,686	$783.37	$0.00	$3.25	$32.13
Pateros School District	40	$705.56	$0.00	$0.00	$17.67
Paterson School District	15	$686.27	$0.00	$0.00	$43.93
Pe Ell School District	44	$775.23	$0.00	$0.00	$18.68
Peninsula School District	782	$856.95	$0.00	$0.00	$20.77
Pioneer School District	88	$621.20	$0.00	$0.00	$12.62

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Pomeroy School District	0	$0.00	$0.00	$0.00	$0.00
Port Angeles School District	401	$547.87	$0.00	$0.00	$21.50
Port Townsend School District	135	$591.00	$0.00	$0.00	$0.00
Prescott School District	36	$648.95	$0.00	$11.11	$23.78
Prosser School District	306	$907.72	$0.00	$0.00	$37.37
Pullman School District	234	$787.59	$0.00	$0.00	$22.02
Puyallup School District	1,657	$884.10	$0.00	$7.77	$16.60
Queets-Clearwater School District	12	$619.83	$0.00	$0.00	$32.45
Quilcene School District	21	$919.73	$0.00	$0.00	$629.87
Quillayute Valley School District	164	$839.84	$0.00	$0.00	$17.74
Quincy School District	295	$624.30	$0.00	$0.00	$12.44
Rainier School District	82	$683.92	$0.00	$0.00	$22.52
Raymond School District	71	$553.41	$0.00	$0.00	$14.30
Reardan-Edwall School District	63	$821.43	$0.00	$0.00	$31.10
Renton School District	1,460	$613.32	$0.00	$0.00	$16.31
Republic School District	39	$801.30	$0.00	$0.00	$33.96
Richland School District	1,034	$793.42	$0.00	$0.00	$34.89
Ridgefield School District	122	$991.72	$0.00	$0.00	$7.66
Ritzville School District	38	$1,219.12	$0.00	$0.00	$0.00
Riverside School District	160	$867.94	$0.00	$1.84	$26.08
Riverview School District	289	$866.69	$0.00	$11.01	$29.00
Rochester School District	213	$804.70	$0.00	$0.00	$0.00
Roosevelt School District	6	$387.39	$0.00	$0.00	$344.79
Rosalia School District	36	$595.60	$0.00	$0.00	$23.23
Royal School District	187	$760.24	$0.00	$0.00	$16.93
San Juan Island School District	88	$908.04	$0.00	$0.00	$24.65
Satsop School District	6	$529.79	$0.00	$0.00	$14.44
Seattle Public Schools	5,396	$805.32	$2.26	$0.00	$0.00
Sedro-Woolley School District	455	$546.83	$0.00	$0.00	$19.67
Selah School District	356	$604.51	$0.00	$0.00	$20.87
Selkirk School District	30	$672.71	$0.00	$0.00	$0.00
Sequim School District	268	$870.26	$0.00	$0.00	$6.81

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Shaw Island School District	5	$526.48	$0.00	$0.00	$0.00
Shelton School District	499	$796.45	$0.00	$0.00	$19.59
Shoreline School District	850	$636.80	$0.00	$3.14	$18.16
Skamania School District	12	$676.40	$0.00	$0.00	$7.76
Skykomish School District	17	$866.76	$0.00	$0.00	$12.58
Snohomish School District	846	$979.54	$0.00	$0.00	$10.75
Snoqualmie Valley School District	502	$1,052.29	$0.00	$0.00	$27.91
Soap Lake School District	59	$842.94	$0.00	$0.00	$14.65
South Bend School District	55	$889.17	$0.00	$0.00	$22.86
South Kitsap School District	823	$952.43	$0.00	$0.00	$27.97
South Whidbey School District	159	$852.64	$0.00	$0.00	$17.38
Southside School District	19	$484.12	$0.00	$0.00	$20.23
Spokane School District	3,047	$933.22	$0.00	$0.00	$32.56
Sprague School District	20	$992.48	$0.00	$0.00	$17.78
St. John School District	25	$944.32	$0.00	$0.00	$2.11
Stanwood-Camano School District	415	$721.61	$0.00	$6.55	$26.52
Star School District	2	$1,554.23	$0.00	$0.00	$16.25
Starbuck School District	5	$827.51	$0.00	$0.00	$9.21
Stehekin School District	1	$1,497.25	$0.00	$0.00	$29.95
Steilacoom Hist. School District	242	$771.67	$7.56	$0.00	$22.77
Steptoe School District	8	$661.93	$0.00	$0.00	$0.00
Stevenson-Carson School District	108	$893.81	$224.46	$0.00	$11.05
Sultan School District	193	$635.22	$0.00	$0.00	$19.50
Summit Valley School District	17	$579.57	$0.00	$0.00	$0.00
Sumner School District	759	$638.65	$0.00	$0.00	$17.62
Sunnyside School District	748	$748.93	$0.00	$0.00	$29.82
Tacoma School District	2,850	$942.11	$0.00	$11.22	$16.64
Taholah School District	36	$587.26	$0.00	$0.46	$22.19
Tahoma School District	703	$831.54	$0.00	$0.00	$16.32
Tekoa School District	29	$932.32	$0.00	$0.01	$13.21
Tenino School District	115	$866.09	$0.00	$0.00	$16.20
Thorp School District	20	$933.91	$39.00	$0.00	$19.42

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12f
District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Toledo School District	72	$539.34	$0.00	$0.00	$17.74
Tonasket School District	126	$588.65	$34.69	$5.56	$5.85
Toppenish School District	384	$570.18	$0.00	$4.56	$13.55
Touchet School District	30	$836.28	$0.00	$0.00	$15.36
Toutle Lake School District	70	$677.52	$0.00	$0.00	$27.45
Trout Lake School District	21	$1,041.43	$2.39	$0.00	$13.79
Tukwila School District	83	$2,051.86	$0.00	$0.00	$57.87
Tumwater School District	649	$826.26	$0.00	$7.01	$15.47
Union Gap School District	76	$739.99	$0.00	$0.00	$30.78
University Place School District	501	$749.53	$9.86	$0.00	$0.00
Valley School District	77	$599.98	$0.00	$0.00	$20.14
Vancouver School District	2,247	$845.31	$0.00	$0.00	$26.98
Vashon Island School District	139	$1,002.46	$0.00	$6.24	$14.69
Wahkiakum School District	48	$968.69	$0.00	$0.00	$0.00
Wahluke School District	259	$1,016.74	$0.00	$0.00	$0.00
Waitsburg School District	39	$743.34	$0.00	$0.00	$15.83
Walla Walla Public Schools	711	$822.30	$0.00	$0.00	$33.21
Wapato School District	379	$790.22	$0.00	$6.05	$11.18
Warden School District	80	$1,431.49	$0.00	$0.00	$0.00
Washougal School District	295	$792.54	$0.00	$0.00	$23.36
Washtucna School District	23	$865.09	$0.00	$0.00	$32.99
Waterville School District	34	$601.33	$0.00	$0.00	$13.82
Wellpinit School District	66	$566.61	$0.00	$0.00	$0.90
Wenatchee School District	826	$794.30	$0.00	$0.00	$18.55
West Valley School District (Spokane)	403	$869.21	$0.00	$0.00	$14.82
West Valley School District (Yakima)	483	$817.26	$0.00	$0.00	$17.80
White Pass School District	51	$559.37	$0.00	$0.00	$28.58
White River School District	248	$796.69	$0.00	$0.00	$20.80
White Salmon Valley School District	116	$905.77	$2.36	$0.00	$11.65
Wilbur School District	38	$783.48	$0.00	$0.00	$6.77
Willapa Valley School District	39	$557.67	$0.00	$0.00	$22.33
Wilson Creek School District	29	$1,094.90	$0.00	$0.00	$13.10

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12f

District Administrative Costs by District Not Paid by Insurance Carrier Premiums — Per Employee Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Employees	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Winlock School District	81	$508.12	$0.00	$0.00	$15.95
Wishkah Valley School District	24	$125.10	$0.00	$10.04	$26.34
Wishram School District	20	$720.83	$0.00	$0.00	$13.91
Woodland School District	258	$787.92	$0.00	$0.00	$13.89
Yakima School District	1,696	$923.63	$0.00	$0.00	$0.00
Yelm School District	516	$876.09	$0.00	$0.00	$18.88
Zillah School District	137	$726.15	$0.00	$0.00	$2.11
Low	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Average	**343**	**$811.77**	**$3.82**	**$1.79**	**$16.69**
High	**5,396**	**$2,051.86**	**$496.88**	**$68.33**	**$629.87**
Grand Total	**101,273**				

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Aberdeen School District	775	$394.26	$0.00	$0.00	$12.17
Adna School District	79	$250.23	$0.00	$0.00	$12.61
Almira School District	50	$408.64	$0.00	$0.00	$0.00
Anacortes School District	235	$639.14	$0.00	$7.09	$22.18
Arlington School District	468	$545.55	$0.00	$0.00	$30.09
Asotin-Anatone School District	70	$395.59	$0.00	$0.00	$6.68
Auburn School District	1,417	$887.02	$0.00	$4.50	$20.91
Bainbridge Island School District	542	$687.10	$0.00	$3.46	$14.38
Battle Ground School District	1,147	$946.67	$0.00	$2.36	$23.46
Bellevue School District	3,895	$418.90	$1.76	$0.92	$8.24
Bellingham School District	1,106	$839.83	$0.00	$0.00	$24.69
Benge School District	0	$0.00	$0.00	$0.00	$0.00
Bethel School District	1,520	$856.91	$0.00	$0.00	$16.36
Bickleton School District	23	$975.59	$0.00	$0.00	$5.51
Blaine School District	228	$860.71	$0.00	$0.00	$2.23
Boistfort School District	17	$468.08	$0.00	$0.00	$18.58
Bremerton School District	433	$837.72	$0.00	$0.00	$34.75
Brewster School District	180	$462.90	$0.00	$6.00	$10.88
Bridgeport School District	180	$274.22	$0.00	$0.00	$6.32
Brinnon School District	16	$452.96	$0.00	$0.00	$21.68
Burlington-Edison School District	414	$890.29	$0.00	$0.00	$7.54
Camas School District	1,352	$388.44	$0.00	$2.45	$8.47
Cape Flattery School District	84	$478.63	$0.00	$0.00	$16.61
Carbonado School District	33	$299.01	$0.00	$0.00	$12.18
Cascade School District	127	$790.18	$0.00	$0.00	$19.76
Cashmere School District	131	$1,132.10	$0.00	$0.00	$0.00
Castle Rock School District	246	$333.76	$0.00	$0.00	$0.00
Centerville School District	9	$1,396.49	$2.50	$0.00	$12.33
Central Kitsap School District	1,048	$839.16	$3.08	$0.00	$0.00
Central Valley School District	1,337	$818.67	$0.00	$2.47	$18.88
Centralia School District	702	$453.54	$0.00	$0.00	$10.84
Chehalis School District	298	$547.11	$0.00	$0.00	$25.26

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Cheney School District	441	$739.45	$0.00	$6.66	$0.00
Chewelah School District	186	$384.25	$0.00	$1.38	$9.82
Chimacum School District	177	$379.25	$0.00	$0.00	$21.42
Clarkston School District	287	$833.37	$0.00	$0.00	$0.00
Cle Elum-Roslyn School District	200	$457.63	$0.00	$0.00	$9.86
Clover Park School District	2,139	$909.07	$0.00	$0.00	$8.45
Colfax School District	125	$413.73	$0.00	$0.00	$0.00
College Place School District	202	$385.44	$0.21	$0.00	$14.57
Colton School District	22	$630.82	$0.00	$0.00	$23.60
Columbia (Stevens) School District	46	$485.90	$0.00	$0.00	$9.24
Columbia (Walla Walla) School District	90	$937.21	$0.00	$0.00	$21.81
Colville School District	368	$266.62	$0.00	$0.00	$6.83
Concrete School District	94	$504.80	$0.00	$0.00	$17.36
Conway School District	45	$627.59	$0.00	$0.00	$0.00
Cosmopolis School District	14	$608.94	$0.00	$0.00	$30.84
Coulee-Hartline School District	76	$414.11	$0.00	$0.00	$0.00
Coupeville School District	91	$849.44	$0.00	$0.00	$1.81
Crescent School District	64	$454.22	$0.00	$0.00	$7.38
Creston School District	48	$291.41	$0.00	$0.00	$7.68
Curlew School District	27	$898.55	$0.00	$0.00	$26.33
Cusick School District	44	$860.54	$0.00	$0.00	$10.34
Damman School District	12	$230.61	$0.00	$0.00	$0.00
Darrington School District	52	$725.90	$0.00	$0.00	$2.39
Davenport School District	62	$643.86	$0.00	$3.89	$19.69
Dayton School District	53	$690.09	$0.00	$0.00	$28.25
Deer Park School District	472	$397.74	$0.00	$0.00	$7.01
Dieringer School District	138	$493.68	$0.00	$3.05	$13.34
Dixie School District	7	$844.33	$0.00	$0.00	$23.28
East Valley School District (Spokane)	696	$365.30	$0.00	$0.00	$9.46
East Valley School District (Yakima)	538	$338.51	$0.00	$3.50	$11.68
Eastmont School District	1,106	$430.69	$0.00	$0.72	$1.32
Easton School District	21	$909.52	$0.00	$0.00	$0.00

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12g
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School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Eatonville School District	359	$346.42	$0.00	$0.00	$0.00
Edmonds School District	1,897	$602.53	$0.00	$0.00	$6.63
Ellensburg School District	318	$588.02	$0.00	$6.55	$20.72
Elma School District	296	$491.91	$0.00	$0.00	$8.29
Endicott School District	24	$680.41	$0.00	$0.00	$4.06
Entiat School District	101	$366.69	$0.00	$0.00	$8.57
Enumclaw School District	407	$834.27	$0.00	$0.00	$26.25
Ephrata School District	539	$348.30	$0.00	$0.00	$14.22
Evaline School District	0	$0.00	$0.00	$0.00	$0.00
Everett School District	3,658	$406.16	$0.45	$3.11	$8.57
Evergreen School District (Clark)	2,287	$857.91	$43.31	$2.78	$0.00
Evergreen School District (Stevens)	9	$195.66	$0.00	$0.00	$7.22
Federal Way School District	2,208	$799.50	$0.00	$0.00	$2.70
Ferndale School District	919	$430.53	$0.00	$0.00	$13.67
Fife School District	316	$890.66	$0.00	$0.00	$19.84
Finley School District	185	$436.95	$0.00	$0.00	$15.41
Franklin Pierce School District	809	$541.65	$0.00	$0.00	$22.74
Freeman School District	165	$450.49	$0.00	$0.00	$10.74
Garfield School District	24	$711.01	$0.00	$0.00	$13.26
Glenwood School District	20	$759.15	$9.65	$0.00	$11.83
Goldendale School District	97	$1,023.02	$0.00	$0.00	$15.31
Grand Coulee Dam School District	203	$403.56	$0.00	$0.00	$14.16
Grandview School District	721	$449.28	$0.00	$0.00	$9.72
Granger School District	396	$326.47	$0.00	$0.00	$22.91
Granite Falls School District	344	$320.23	$0.00	$0.00	$0.36
Grapeview School District	38	$499.86	$0.00	$0.00	$13.66
Great Northern School District	4	$912.73	$0.00	$0.00	$13.88
Green Mountain School District	38	$364.01	$0.00	$0.00	$15.76
Griffin School District	152	$301.79	$0.00	$0.00	$7.41
Harrington School District	28	$881.57	$0.00	$0.00	$3.48
Highland School District	142	$598.88	$0.00	$0.00	$19.83
Highline School District	2,135	$776.53	$0.00	$2.38	$18.02

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Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Hockinson School District	340	$366.96	$0.00	$4.52	$3.45
Hood Canal School District	41	$771.14	$0.00	$0.00	$40.61
Hoquiam School District	347	$438.82	$0.00	$0.00	$13.94
Inchelium School District	41	$749.56	$0.00	$0.00	$19.48
Index School District	6	$343.83	$0.00	$0.00	$17.83
Issaquah School District	1,674	$788.64	$0.00	$4.73	$20.69
Kahlotus School District	19	$519.44	$0.00	$0.00	$19.97
Kalama School District	149	$424.16	$0.00	$0.00	$8.89
Keller School District	31	$172.27	$0.00	$0.00	$7.73
Kelso School District	888	$347.37	$0.00	$0.00	$13.77
Kennewick School District	1,584	$836.68	$8.24	$0.00	$0.00
Kent School District	2,292	$1,172.89	$0.00	$0.00	$0.00
Kettle Falls School District	165	$271.44	$0.00	$0.00	$11.59
Kiona-Benton City School District	306	$334.48	$0.00	$0.00	$13.35
Kittitas School District	74	$980.65	$0.00	$0.00	$0.00
Klickitat School District	28	$554.91	$1.62	$0.00	$7.74
La Center School District	180	$481.59	$0.00	$0.00	$5.85
La Conner School District	87	$516.11	$0.00	$0.00	$16.06
LaCrosse School District	22	$736.32	$0.00	$19.32	$8.98
Lake Chelan School District	166	$510.40	$0.00	$0.00	$10.62
Lake Quinault School District	16	$1,506.08	$0.00	$0.00	$23.79
Lake Stevens School District	357	$1,766.25	$0.00	$0.00	$46.47
Lake Washington School District	2,272	$599.41	$0.00	$4.06	$28.15
Lakewood School District	219	$824.53	$0.00	$0.00	$26.99
Lamont School District	8	$598.69	$0.00	$0.00	$13.17
Liberty School District	131	$474.98	$0.00	$0.00	$0.00
Lind School District	63	$297.30	$0.00	$0.00	$0.00
Longview School District	1,275	$342.25	$0.00	$1.04	$10.26
Loon Lake School District	15	$440.00	$0.00	$0.00	$21.06
Lopez School District	48	$659.89	$0.00	$0.00	$21.58
Lyle School District	29	$878.64	$4.22	$0.00	$11.68
Lynden School District	301	$741.23	$0.00	$0.00	$14.59

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[2] Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

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School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Mabton School District	179	$537.64	$0.00	$37.03	$11.02
Mansfield School District	66	$323.81	$0.00	$0.00	$0.00
Manson School District	191	$369.39	$0.00	$0.00	$8.27
Mary M Knight School District	25	$628.07	$0.00	$0.00	$15.11
Mary Walker School District	161	$319.63	$0.00	$0.00	$4.05
Marysville School District	1,013	$907.57	$0.00	$3.13	$36.05
McCleary School District	39	$844.22	$0.00	$23.78	$24.19
Mead School District	1,719	$451.74	$0.00	$2.28	$8.04
Medical Lake School District	184	$874.42	$0.00	$0.00	$1.09
Mercer Island School District	316	$1,088.47	$0.00	$0.00	$28.20
Meridian School District	328	$425.28	$0.00	$3.92	$11.84
Methow Valley School District	69	$923.05	$0.00	$0.00	$1.10
Mill A School District	7	$678.44	$0.00	$0.00	$7.84
Monroe School District	539	$678.68	$0.00	$2.83	$28.73
Montesano School District	136	$511.95	$0.00	$0.00	$24.18
Morton School District	37	$619.01	$0.00	$0.00	$28.20
Moses Lake School District	811	$561.23	$0.00	$8.64	$23.99
Mossyrock School District	64	$759.16	$0.00	$0.00	$34.28
Mount Adams School District	133	$635.81	$0.00	$0.00	$11.86
Mount Baker School District	225	$824.51	$0.00	$0.00	$26.86
Mount Pleasant School District	5	$740.34	$0.00	$0.00	$9.48
Mount Vernon School District	737	$825.73	$0.00	$1.36	$18.90
Mukilteo School District	2,493	$464.64	$0.00	$0.00	$0.00
Naches Valley School District	115	$729.28	$0.00	$0.00	$16.62
Napavine School District	78	$513.42	$0.00	$0.00	$20.50
Naselle-Grays River Valley School District	55	$622.08	$0.00	$0.00	$13.07
Nespelem School District	22	$1,022.00	$0.00	$0.00	$25.87
Newport School District	120	$747.04	$0.00	$0.00	$22.97
Nine Mile Falls School District	383	$329.39	$0.00	$0.00	$7.54
Nooksack Valley School District	198	$834.00	$0.00	$0.00	$25.73
North Beach School District	121	$539.95	$0.00	$0.00	$20.93
North Franklin School District	239	$794.27	$0.00	$0.00	$30.39

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

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School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
North Kitsap School District	578	$833.61	$0.00	$0.00	$19.86
North Mason School District	217	$590.77	$0.00	$0.00	$16.64
North River School District	19	$746.32	$0.00	$0.00	$19.97
North Thurston Public Schools	1,298	$720.69	$0.00	$0.00	$16.07
Northport School District	34	$897.65	$0.00	$0.00	$13.77
Northshore School District	3,958	$369.90	$0.00	$0.00	$6.49
Oak Harbor School District	465	$591.17	$0.00	$9.57	$24.46
Oakesdale School District	21	$1,049.78	$0.00	$0.00	$9.80
Oakville School District	45	$533.36	$0.00	$0.00	$24.16
Ocean Beach School District	187	$334.20	$0.00	$0.00	$7.41
Ocosta School District	154	$461.83	$0.00	$0.00	$10.52
Odessa School District	93	$221.76	$0.00	$0.00	$4.89
Okanogan School District	178	$632.23	$0.00	$0.00	$8.52
Olympia School District	898	$589.69	$0.00	$4.08	$15.81
Omak School District	584	$371.96	$0.00	$2.14	$8.57
Onalaska School District	194	$363.00	$0.00	$0.00	$15.88
Onion Creek School District	22	$481.02	$0.00	$0.00	$0.00
Orcas Island School District	178	$360.62	$0.00	$0.00	$10.52
Orchard Prairie School District	9	$788.44	$0.00	$0.00	$0.00
Orient School District	14	$833.08	$0.00	$0.00	$0.00
Orondo School District	32	$554.06	$0.00	$0.00	$12.19
Oroville School District	121	$53.03	$0.00	$0.00	$6.71
Orting School District	195	$704.48	$0.00	$0.00	$24.71
Othello School District	876	$0.00	$243.90	$0.82	$13.18
Palisades School District	14	$491.14	$0.00	$0.00	$0.00
Palouse School District	24	$1,150.83	$0.00	$0.00	$14.56
Pasco School District	1,686	$783.37	$0.00	$3.25	$32.13
Pateros School District	40	$705.56	$0.00	$0.00	$17.67
Paterson School District	42	$245.10	$0.00	$0.00	$15.69
Pe Ell School District	64	$532.97	$0.00	$0.00	$12.84
Peninsula School District	782	$856.95	$0.00	$0.00	$20.77
Pioneer School District	88	$621.20	$0.00	$0.00	$12.62

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Pomeroy School District	0	$0.00	$0.00	$0.00	$0.00
Port Angeles School District	401	$547.87	$0.00	$0.00	$21.50
Port Townsend School District	198	$402.96	$0.00	$0.00	$0.00
Prescott School District	48	$486.71	$0.00	$8.33	$17.83
Prosser School District	1,260	$220.45	$0.00	$0.00	$9.08
Pullman School District	439	$419.81	$0.00	$0.00	$11.74
Puyallup School District	1,657	$884.10	$0.00	$7.77	$16.60
Queets-Clearwater School District	19	$391.47	$0.00	$0.00	$20.49
Quilcene School District	21	$919.73	$0.00	$0.00	$629.87
Quillayute Valley School District	164	$839.84	$0.00	$0.00	$17.74
Quincy School District	295	$624.30	$0.00	$0.00	$12.44
Rainier School District	83	$675.68	$0.00	$0.00	$22.25
Raymond School District	71	$553.41	$0.00	$0.00	$14.30
Reardan-Edwall School District	63	$821.43	$0.00	$0.00	$31.10
Renton School District	1,460	$613.32	$0.00	$0.00	$16.31
Republic School District	69	$452.91	$0.00	$0.00	$19.19
Richland School District	1,927	$425.74	$0.00	$0.00	$18.72
Ridgefield School District	122	$991.72	$0.00	$0.00	$7.66
Ritzville School District	38	$1,219.12	$0.00	$0.00	$0.00
Riverside School District	246	$564.51	$0.00	$1.20	$16.96
Riverview School District	289	$866.69	$0.00	$11.01	$29.00
Rochester School District	213	$804.70	$0.00	$0.00	$0.00
Roosevelt School District	6	$387.39	$0.00	$0.00	$344.79
Rosalia School District	36	$595.60	$0.00	$0.00	$23.23
Royal School District	358	$397.11	$0.00	$0.00	$8.84
San Juan Island School District	88	$908.04	$0.00	$0.00	$24.65
Satsop School District	8	$397.34	$0.00	$0.00	$10.83
Seattle Public Schools	9,168	$473.98	$1.33	$0.00	$0.00
Sedro-Woolley School District	455	$546.83	$0.00	$0.00	$19.67
Selah School District	633	$339.98	$0.00	$0.00	$11.74
Selkirk School District	89	$226.76	$0.00	$0.00	$0.00
Sequim School District	268	$870.26	$0.00	$0.00	$6.81

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Shaw Island School District	8	$329.05	$0.00	$0.00	$0.00
Shelton School District	859	$462.67	$0.00	$0.00	$11.38
Shoreline School District	850	$636.80	$0.00	$3.14	$18.16
Skamania School District	19	$427.20	$0.00	$0.00	$4.90
Skykomish School District	17	$866.76	$0.00	$0.00	$12.58
Snohomish School District	846	$979.54	$0.00	$0.00	$10.75
Snoqualmie Valley School District	502	$1,052.29	$0.00	$0.00	$27.91
Soap Lake School District	59	$842.94	$0.00	$0.00	$14.65
South Bend School District	55	$889.17	$0.00	$0.00	$22.86
South Kitsap School District	823	$952.43	$0.00	$0.00	$27.97
South Whidbey School District	159	$852.64	$0.00	$0.00	$17.38
Southside School District	19	$484.12	$0.00	$0.00	$20.23
Spokane School District	6,253	$454.74	$0.00	$0.00	$15.86
Sprague School District	46	$431.51	$0.00	$0.00	$7.73
St. John School District	25	$944.32	$0.00	$0.00	$2.11
Stanwood-Camano School District	415	$721.61	$0.00	$6.55	$26.52
Star School District	2	$1,554.23	$0.00	$0.00	$16.25
Starbuck School District	5	$827.51	$0.00	$0.00	$9.21
Stehekin School District	1	$1,497.25	$0.00	$0.00	$29.95
Steilacoom Hist. School District	410	$455.48	$4.46	$0.00	$13.44
Steptoe School District	26	$203.67	$0.00	$0.00	$0.00
Stevenson-Carson School District	108	$893.81	$224.46	$0.00	$11.05
Sultan School District	193	$635.22	$0.00	$0.00	$19.50
Summit Valley School District	17	$579.57	$0.00	$0.00	$0.00
Sumner School District	1,651	$293.60	$0.00	$0.00	$8.10
Sunnyside School District	1,413	$396.46	$0.00	$0.00	$15.79
Tacoma School District	6,226	$431.26	$0.00	$5.14	$7.62
Taholah School District	36	$587.26	$0.00	$0.46	$22.19
Tahoma School District	703	$831.54	$0.00	$0.00	$16.32
Tekoa School District	68	$397.61	$0.00	$0.00	$5.64
Tenino School District	228	$436.85	$0.00	$0.00	$8.17
Thorp School District	31	$602.52	$25.16	$0.00	$12.53

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12g
District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Toledo School District	170	$228.43	$0.00	$0.00	$7.51
Tonasket School District	198	$374.60	$22.08	$3.54	$3.72
Toppenish School District	384	$570.18	$0.00	$4.56	$13.55
Touchet School District	30	$836.28	$0.00	$0.00	$15.36
Toutle Lake School District	136	$348.72	$0.00	$0.00	$14.13
Trout Lake School District	21	$1,041.43	$2.39	$0.00	$13.79
Tukwila School District	83	$2,051.86	$0.00	$0.00	$57.87
Tumwater School District	1,180	$454.44	$0.00	$3.85	$8.51
Union Gap School District	76	$739.99	$0.00	$0.00	$30.78
University Place School District	501	$749.53	$9.86	$0.00	$0.00
Valley School District	159	$290.56	$0.00	$0.00	$9.75
Vancouver School District	3,445	$551.36	$0.00	$0.00	$17.59
Vashon Island School District	139	$1,002.46	$0.00	$6.24	$14.69
Wahkiakum School District	132	$352.25	$0.00	$0.00	$0.00
Wahluke School District	259	$1,016.74	$0.00	$0.00	$0.00
Waitsburg School District	65	$446.00	$0.00	$0.00	$9.50
Walla Walla Public Schools	711	$822.30	$0.00	$0.00	$33.21
Wapato School District	379	$790.22	$0.00	$6.05	$11.18
Warden School District	80	$1,431.49	$0.00	$0.00	$0.00
Washougal School District	295	$792.54	$0.00	$0.00	$23.36
Washtucna School District	45	$442.16	$0.00	$0.00	$16.86
Waterville School District	34	$601.33	$0.00	$0.00	$13.82
Wellpinit School District	66	$566.61	$0.00	$0.00	$0.90
Wenatchee School District	826	$794.30	$0.00	$0.00	$18.55
West Valley School District (Spokane)	403	$869.21	$0.00	$0.00	$14.82
West Valley School District (Yakima)	483	$817.26	$0.00	$0.00	$17.80
White Pass School District	51	$559.37	$0.00	$0.00	$28.58
White River School District	248	$796.69	$0.00	$0.00	$20.80
White Salmon Valley School District	116	$905.77	$2.36	$0.00	$11.65
Wilbur School District	38	$783.48	$0.00	$0.00	$6.77
Willapa Valley School District	39	$557.67	$0.00	$0.00	$22.33
Wilson Creek School District	29	$1,094.90	$0.00	$0.00	$13.10

[1]Includes Staff Costs Allocated to Employee Benefits
[2]Confidential

Washington State Office of the Insurance Commissioner

K–12 School District Data Collection Project

Exhibit A12g

District Administrative Costs by District Not Paid by Insurance Carrier Premiums Per Member Per Month

School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Members	Premiums	External Admin Only	Internal Admin Only Staff Cost[1]	Additional Compensation to Brokers[2]
Winlock School District	138	$298.24	$0.00	$0.00	$9.36
Wishkah Valley School District	24	$125.10	$0.00	$10.04	$26.34
Wishram School District	20	$720.83	$0.00	$0.00	$13.91
Woodland School District	480	$423.51	$0.00	$0.00	$7.47
Yakima School District	1,696	$923.63	$0.00	$0.00	$0.00
Yelm School District	516	$876.09	$0.00	$0.00	$18.88
Zillah School District	278	$357.85	$0.00	$0.00	$1.04
Low	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Average	**469**	**$594.54**	**$2.80**	**$1.31**	**$12.22**
High	**9,168**	**$2,051.86**	**$243.90**	**$37.03**	**$629.87**
Grand Total	**138,274**				

[1]Includes Staff Costs Allocated to Employee Benefits

[2]Confidential

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12h
District Staff Costs by District
School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Aberdeen School District	n/a	472	775	$0	$0.00	$0.00
Adna School District	n/a	36	79	$0	$0.00	$0.00
Almira School District	n/a	21	50	$0	$0.00	$0.00
Anacortes School District	New TPA, AON Hewitt takes more admin time to process	235	235	$20,000	$7.09	$7.09
Arlington School District	n/a	468	468	$0	$0.00	$0.00
Asotin-Anatone School District	n/a	70	70	$0	$0.00	$0.00
Auburn School District	Salary and Benefits for the employees working on benefits.	1,417	1,417	$76,560	$4.50	$4.50
Bainbridge Island School District	Benefit administration used to be 25% of an HR employee's job. It has now risen to at least 33% and sometimes during the year far more than that. Many of Premera's administrative duties have now been foisted onto district staff, with no reduction in premiums or additional recompense to districts for assuming the workload - either from Premera or the state.	363	542	$22,500	$5.17	$3.46
Battle Ground School District	Dealing with insurance companies on employee claims, updating benefits , dealing with coverage issues. Reconciling monthly billings. Benefits Fairs and helping employees understand their benefits and options available to them.	1,147	1,147	$32,548	$2.36	$2.36
Bellevue School District	n/a	2,004	3,895	$42,941	$1.79	$0.92
Bellingham School District	n/a	1,106	1,106	$0	$0.00	$0.00

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A12h
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District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Benge School District	We do not have any employee's pay allocated to the administration of benefits.	0	0	$0	n/a	n/a
Bethel School District	None	1,520	1,520	$0	$0.00	$0.00
Bickleton School District	Done by Business Mgr.	12	23	$0	$0.00	$0.00
Blaine School District	n/a	228	228	$0	$0.00	$0.00
Boistfort School District	n/a	17	17	$0	$0.00	$0.00
Bremerton School District	Impossible to calculate	433	433	$0	$0.00	$0.00
Brewster School District	Contacting Employees/Enrollment/Impletmenting Insurance Tracking/On going Tracking/Remittance	106	180	$12,961	$10.19	$6.00
Bridgeport School District	n/a	95	180	$0	$0.00	$0.00
Brinnon School District	n/a	10	16	$0	$0.00	$0.00
Burlington-Edison School District	n/a	414	414	$0	$0.00	$0.00
Camas School District	n/a	610	1,352	$39,825	$5.44	$2.45
Cape Flattery School District	n/a	84	84	$0	$0.00	$0.00
Carbonado School District	n/a	20	33	$0	$0.00	$0.00
Cascade School District	n/a	127	127	$0	$0.00	$0.00
Cashmere School District	We cannot isolate the amount of time and money it takes our Payroll/HR person to manage the health benefit administration.	131	131	$0	$0.00	$0.00
Castle Rock School District	n/a	138	246	$0	$0.00	$0.00
Centerville School District	n/a	9	9	$0	$0.00	$0.00
Central Kitsap School District	n/a	1,048	1,048	$0	$0.00	$0.00
Central Valley School District	This represents 2/3rds of the total cost of our Assistant Payroll Officer that handles benefits.	1,337	1,337	$39,557	$2.47	$2.47
Centralia School District	n/a	369	702	$0	$0.00	$0.00
Chehalis School District	n/a	298	298	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Cheney School District	Half of annual salary plus benefits for personnel specialist	441	441	$35,250	$6.66	$6.66
Chewelah School District	5% of the pay and benefits for the Payroll/Benefits administration employee	94	186	$3,081	$2.73	$1.38
Chimacum School District	Duties included in Payroll Officer's duties and not a separate function/position.	123	177	$0	$0.00	$0.00
Clarkston School District	n/a	287	287	$0	$0.00	$0.00
Cle Elum-Roslyn School District	n/a	97	200	$0	$0.00	$0.00
Clover Park School District	n/a	1,263	2,139	$0	$0.00	$0.00
Colfax School District	n/a	61	125	$0	$0.00	$0.00
College Place School District	n/a	103	202	$0	$0.00	$0.00
Colton School District	n/a	22	22	$0	$0.00	$0.00
Columbia (Stevens) School District	n/a	29	46	$0	$0.00	$0.00
Columbia (Walla Walla) School District	n/a	90	90	$0	$0.00	$0.00
Colville School District	n/a	185	368	$0	$0.00	$0.00
Concrete School District	n/a	61	94	$0	$0.00	$0.00
Conway School District	n/a	45	45	$0	$0.00	$0.00
Cosmopolis School District	n/a	14	14	$0	$0.00	$0.00
Coulee-Hartline School District	n/a	31	76	$0	$0.00	$0.00
Coupeville School District	n/a	91	91	$0	$0.00	$0.00
Crescent School District	n/a	35	64	$0	$0.00	$0.00
Creston School District	n/a	26	48	$0	$0.00	$0.00
Curlew School District	n/a	27	27	$0	$0.00	$0.00
Cusick School District	n/a	44	44	$0	$0.00	$0.00
Damman School District	n/a	4	12	$0	$0.00	$0.00
Darrington School District	n/a	52	52	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Davenport School District	Cost for estimated time spent for open enrollment, working with new employees, balancing monthly bills and making changes.	62	62	$2,893	$3.89	$3.89
Dayton School District	n/a	53	53	$0	$0.00	$0.00
Deer Park School District	n/a	232	472	$0	$0.00	$0.00
Dieringer School District	Costs include plan setup/review, reconciling payments, answering employee questions, pooling, etc.	138	138	$5,056	$3.05	$3.05
Dixie School District	n/a	7	7	$0	$0.00	$0.00
East Valley School District (Spokane)	n/a	436	696	$0	$0.00	$0.00
East Valley School District (Yakima)	Payroll Officer at 40% and Human Resources Officer at 5%	289	538	$22,591	$6.51	$3.50
Eastmont School District	TO CONDUCT EMPLOYEE OPEN ENROLLMENT, MANAGE MONTHLY BILL RECONCILIATIONS, ASSIST STAFF WITH HEALTH BENEFIT QUESTIONS/ISSUES	554	1,106	$9,596	$1.44	$0.72
Easton School District	n/a	21	21	$0	$0.00	$0.00
Eatonville School District	n/a	186	359	$0	$0.00	$0.00
Edmonds School District	n/a	1,897	1,897	$0	$0.00	$0.00
Ellensburg School District	$25,000.00	318	318	$25,000	$6.55	$6.55
Elma School District	n/a	182	296	$0	$0.00	$0.00
Endicott School District	n/a	24	24	$0	$0.00	$0.00
Entiat School District	n/a	42	101	$0	$0.00	$0.00
Enumclaw School District	Employees do health benefit administration along with many other things so the cost is hard to isolate.	407	407	$0	$0.00	$0.00
Ephrata School District	n/a	239	539	$0	$0.00	$0.00
Evaline School District	n/a	0	0	$0	n/a	n/a

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Everett School District	Dollars were calculated in ranges from 5% to 50% of 8 different salaries. These tasks range from paying the invoices to overseeing the employees, paying the premiums and discussing benefits with employees and carriers.	1,577	3,658	$136,442	$7.21	$3.11
Evergreen School District (Clark)	District currently has 2.0 FTE for our Benefits/Retirement Specialist. The positions both cover benefits and retirement for a portion of the alphabet and the costs listed above is 50% of each position costs.	2,287	2,287	$76,283	$2.78	$2.78
Evergreen School District (Stevens)	n/a	6	9	$0	$0.00	$0.00
Federal Way School District	n/a	2,208	2,208	$0	$0.00	$0.00
Ferndale School District	n/a	470	919	$0	$0.00	$0.00
Fife School District	n/a	316	316	$0	$0.00	$0.00
Finley School District	n/a	103	185	$0	$0.00	$0.00
Franklin Pierce School District	n/a	809	809	$0	$0.00	$0.00
Freeman School District	Don't have dedicated employee to administer plans	92	165	$0	$0.00	$0.00
Garfield School District	n/a	24	24	$0	$0.00	$0.00
Glenwood School District	n/a	20	20	$0	$0.00	$0.00
Goldendale School District	n/a	97	97	$0	$0.00	$0.00
Grand Coulee Dam School District	n/a	105	203	$0	$0.00	$0.00
Grandview School District	n/a	359	721	$0	$0.00	$0.00
Granger School District	n/a	178	396	$0	$0.00	$0.00
Granite Falls School District	n/a	171	344	$0	$0.00	$0.00
Grapeview School District	n/a	22	38	$0	$0.00	$0.00
Great Northern School District	n/a	4	4	$0	$0.00	$0.00
Green Mountain School District	n/a	19	38	$0	$0.00	$0.00

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School District Fiscal Year Ending in 2013 — Reporting Districts Only

District	Description of District Allocation of Internal Administrative Expenses	Enrollment		Staff Cost Allocated to Employee Benefits		
		Employees	Members	Total	PEPM	PMPM
Griffin School District	None	73	152	$0	$0.00	$0.00
Harrington School District	n/a	28	28	$0	$0.00	$0.00
Highland School District	n/a	138	142	$0	$0.00	$0.00
Highline School District	Salary of Benefits Specialist position.	2,135	2,135	$61,080	$2.38	$2.38
Hockinson School District	1/3 OF PERSONNEL DIRECTOR SALARY	158	340	$18,450	$9.73	$4.52
Hood Canal School District	n/a	41	41	$0	$0.00	$0.00
Hoquiam School District	n/a	181	347	$0	$0.00	$0.00
Inchelium School District	n/a	41	41	$0	$0.00	$0.00
Index School District	n/a	5	6	$0	$0.00	$0.00
Issaquah School District	n/a	1,674	1,674	$95,000	$4.73	$4.73
Kahlotus School District	n/a	19	19	$0	$0.00	$0.00
Kalama School District	n/a	68	149	$0	$0.00	$0.00
Keller School District	n/a	11	31	$0	$0.00	$0.00
Kelso School District	n/a	466	888	$0	$0.00	$0.00
Kennewick School District	n/a	1,584	1,584	$0	$0.00	$0.00
Kent School District	n/a	2,292	2,292	$0	$0.00	$0.00
Kettle Falls School District	n/a	82	165	$0	$0.00	$0.00
Kiona-Benton City School District	n/a	149	306	$0	$0.00	$0.00
Kittitas School District	n/a	74	74	$0	$0.00	$0.00
Klickitat School District	n/a	20	28	$0	$0.00	$0.00
La Center School District	n/a	83	180	$0	$0.00	$0.00
La Conner School District	n/a	87	87	$0	$0.00	$0.00
LaCrosse School District	Assume 8% of Business Manager Position	22	22	$5,100	$19.32	$19.32
Lake Chelan School District	n/a	166	166	$0	$0.00	$0.00
Lake Quinault School District	n/a	16	16	$0	$0.00	$0.00
Lake Stevens School District	n/a	357	357	$0	$0.00	$0.00
Lake Washington School District	Includes 1.61 FTE personnel cost for a total of $110,288.73 and $435.94 for supplies	2,272	2,272	$110,725	$4.06	$4.06
Lakewood School District	n/a	219	219	$0	$0.00	$0.00
Lamont School District	n/a	8	8	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Liberty School District	n/a	62	131	$0	$0.00	$0.00
Lind School District	n/a	32	63	$0	$0.00	$0.00
Longview School District	Cost to assist employees with enrollment, manage COBRA, do billings, data entry to TPA.	686	1,275	$15,934	$1.94	$1.04
Loon Lake School District	n/a	15	15	$0	$0.00	$0.00
Lopez School District	n/a	48	48	$0	$0.00	$0.00
Lyle School District	n/a	29	29	$0	$0.00	$0.00
Lynden School District	n/a	301	301	$0	$0.00	$0.00
Mabton School District	n/a	97	179	$79,541	$68.33	$37.03
Mansfield School District	n/a	22	66	$0	$0.00	$0.00
Manson School District	n/a	92	191	$0	$0.00	$0.00
Mary M Knight School District	n/a	25	25	$0	$0.00	$0.00
Mary Walker School District	n/a	71	161	$0	$0.00	$0.00
Marysville School District	.5 FTE plus benefits for Payroll Analyst	1,013	1,013	$38,000	$3.13	$3.13
McCleary School District	Approximatly 4 days a month to make any changes, reconcile all the different invoices, answer employee questions, provide training to employees during open enrollment, research on possible cost savings plans	39	39	$11,128	$23.78	$23.78
Mead School District	Benefits Specialist Salary	935	1,719	$46,982	$4.19	$2.28
Medical Lake School District	n/a	184	184	$0	$0.00	$0.00
Mercer Island School District	n/a	316	316	$0	$0.00	$0.00
Meridian School District	n/a	164	328	$15,447	$7.85	$3.92
Methow Valley School District	n/a	69	69	$0	$0.00	$0.00
Mill A School District	n/a	7	7	$0	$0.00	$0.00
Monroe School District	Cost based on estimated Benefit Coordinator hours spent managing medical benefits. Amount includes salary taxes and retirement	539	539	$18,333	$2.83	$2.83

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Montesano School District	n/a	136	136	$0	$0.00	$0.00
Morton School District	n/a	37	37	$0	$0.00	$0.00
Moses Lake School District	Moses Lake School District has one person managing benefits for 1,017 employees of the district. This includes open enrollment, making changes to payroll and answering all questions concerning an individuals insurance.	811	811	$84,082	$8.64	$8.64
Mossyrock School District	n/a	64	64	$0	$0.00	$0.00
Mount Adams School District	n/a	133	133	$0	$0.00	$0.00
Mount Baker School District	n/a	225	225	$0	$0.00	$0.00
Mount Pleasant School District	n/a	4	5	$0	$0.00	$0.00
Mount Vernon School District	Additional hours allocated to assist employees and problem solve errors with WEA/AON transition.	737	737	$12,000	$1.36	$1.36
Mukilteo School District	n/a	1,330	2,493	$0	$0.00	$0.00
Naches Valley School District	n/a	115	115	$0	$0.00	$0.00
Napavine School District	n/a	78	78	$0	$0.00	$0.00
Naselle-Grays River Valley School District	n/a	55	55	$0	$0.00	$0.00
Nespelem School District	n/a	22	22	$0	$0.00	$0.00
Newport School District	n/a	120	120	$0	$0.00	$0.00
Nine Mile Falls School District	n/a	147	383	$0	$0.00	$0.00
Nooksack Valley School District	n/a	198	198	$0	$0.00	$0.00
North Beach School District	n/a	80	121	$0	$0.00	$0.00
North Franklin School District	n/a	239	239	$0	$0.00	$0.00
North Kitsap School District	n/a	578	578	$0	$0.00	$0.00
North Mason School District	n/a	217	217	$0	$0.00	$0.00
North River School District	n/a	19	19	$0	$0.00	$0.00
North Thurston Public Schools	n/a	1,298	1,298	$0	$0.00	$0.00
Northport School District	n/a	34	34	$0	$0.00	$0.00
Northshore School District	n/a	1,907	3,958	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Oak Harbor School District	I have one staff member who has the responsibility for benefits and some payroll. The percentage of her time spent on benefits is 80.	465	465	$53,405	$9.57	$9.57
Oakesdale School District	n/a	21	21	$0	$0.00	$0.00
Oakville School District	n/a	45	45	$0	$0.00	$0.00
Ocean Beach School District	n/a	111	187	$0	$0.00	$0.00
Ocosta School District	n/a	90	154	$0	$0.00	$0.00
Odessa School District	n/a	42	93	$0	$0.00	$0.00
Okanogan School District	n/a	128	178	$0	$0.00	$0.00
Olympia School District	1 fte employee for Benefit Administration	898	898	$44,000	$4.08	$4.08
Omak School District	I would say an average of 780 hours per	301	584	$15,000	$4.15	$2.14
Onalaska School District	n/a	88	194	$0	$0.00	$0.00
Onion Creek School District	Part of Business Manager salary	11	22	$0	$0.00	$0.00
Orcas Island School District	n/a	84	178	$0	$0.00	$0.00
Orchard Prairie School District	n/a	9	9	$0	$0.00	$0.00
Orient School District	n/a	14	14	$0	$0.00	$0.00
Orondo School District	n/a	32	32	$0	$0.00	$0.00
Oroville School District	n/a	77	121	$0	$0.00	$0.00
Orting School District	n/a	195	195	$0	$0.00	$0.00
Othello School District	District Admin: Data entry new	430	876	$8,630	$1.67	$0.82
Palisades School District	n/a	7	14	$0	$0.00	$0.00
Palouse School District	n/a	24	24	$0	$0.00	$0.00
Pasco School District	Used FT salary and benefits for one employee who does retirement in addition to health benefits administration. Portion not related to benefits administration is more than made up by other admin functions performed by several other employees.	1,686	1,686	$65,715	$3.25	$3.25

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		Employees	Members	Total	PEPM	PMPM
Pateros School District	n/a	40	40	$0	$0.00	$0.00
Paterson School District	n/a	15	42	$0	$0.00	$0.00
Pe Ell School District	n/a	44	64	$0	$0.00	$0.00
Peninsula School District	n/a	782	782	$0	$0.00	$0.00
Pioneer School District	n/a	88	88	$0	$0.00	$0.00
Pomeroy School District	n/a	0	0	$0	n/a	n/a
Port Angeles School District	n/a	401	401	$0	$0.00	$0.00
Port Townsend School District	n/a	135	198	$0	$0.00	$0.00
Prescott School District	approx. 10% of HR time spent on health care admin	36	48	$4,800	$11.11	$8.33
Prosser School District	n/a	306	1,260	$0	$0.00	$0.00
Pullman School District	n/a	234	439	$0	$0.00	$0.00
Puyallup School District	Benefits Coordinator 100%; Benefits Assistant 100%; Director of HR 20%; Director of HR Systems 10%; HR	1,657	1,657	$154,543	$7.77	$7.77
Queets-Clearwater School District	n/a	12	19	$0	$0.00	$0.00
Quilcene School District	n/a	21	21	$0	$0.00	$0.00
Quillayute Valley School District	n/a	164	164	$0	$0.00	$0.00
Quincy School District	n/a	295	295	$0	$0.00	$0.00
Rainier School District	n/a	82	83	$0	$0.00	$0.00
Raymond School District	n/a	71	71	$0	$0.00	$0.00
Reardan-Edwall School District	n/a	63	63	$0	$0.00	$0.00
Renton School District	n/a	1,460	1,460	$0	$0.00	$0.00
Republic School District	n/a	39	69	$0	$0.00	$0.00
Richland School District	n/a	1,034	1,927	$0	$0.00	$0.00
Ridgefield School District	n/a	122	122	$0	$0.00	$0.00
Ritzville School District	n/a	38	38	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Riverside School District	During the fall open enrollment period, payroll spends an average of 20-30 hours working on insurance administration. During the school year, payroll spends 2-4 hours a month on dependents/new hire enrollments, billing statements, etc.	160	246	$3,531	$1.84	$1.20

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		Employees	Members	Total	PEPM	PMPM
Riverview School District	In calculating the district's internal administrative costs, we have included varying percentages of base salary plus benefits for the district Payroll & Benefits Coordinator, HR Coordinator and Director of Business and Operations. Cost for the Payroll & Benefits Coordinator are calculated at 33% , based on responsibilities including enrollment and ongoing staff education and assistance regarding benefits and providers, annual benefits fair, bill reconciliation and payment processing, pooling management, participation in the district benefits committee and budgeting process. Costs for the HR Coordinator are calculated at 15%, based on budgeting responsibilities, calculation of benefits while staff is on leave and communication of benefits to new and prospective employees. Cost for the Director of Business & Operations are calculated at 7% based on involvement in managing the procurement process, district benefits committee and broker management, bargaining association negotiations and other association issues relating to	289	289	$38,166	$11.01	$11.01

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		Employees	Members	Total	PEPM	PMPM
	budgeting processes and tracking and analyzing current and projected legislation.					
Rochester School District	n/a	213	213	$0	$0.00	$0.00
Roosevelt School District	n/a	6	6	$0	$0.00	$0.00
Rosalia School District	n/a	36	36	$0	$0.00	$0.00
Royal School District	It would be difficult to isolate the human resource costs associated with health benefit administration because	187	358	$0	$0.00	$0.00
San Juan Island School District	n/a	88	88	$0	$0.00	$0.00
Satsop School District	n/a	6	8	$0	$0.00	$0.00
Seattle Public Schools	All benefits administration is outsourced to Sprague Israel Giles, Inc.	5,396	9,168	$0	$0.00	$0.00
Sedro-Woolley School District	n/a	455	455	$0	$0.00	$0.00
Selah School District	n/a	356	633	$0	$0.00	$0.00
Selkirk School District	n/a	30	89	$0	$0.00	$0.00
Sequim School District	n/a	268	268	$0	$0.00	$0.00
Shaw Island School District	n/a	5	8	$0	$0.00	$0.00
Shelton School District	n/a	499	859	$0	$0.00	$0.00
Shoreline School District	35% Benefits Specialist pay; 15% Payroll Supervisor pay NOTE: Last year the WEA rolled out a new online billing and reconciliation system that took much more time in the payroll department. Since that system has now been used for just over a year, the payroll department has decreased the time spent on processing benefits.	850	850	$32,000	$3.14	$3.14
Skamania School District	n/a	12	19	$0	$0.00	$0.00
Skykomish School District	n/a	17	17	$0	$0.00	$0.00

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Snohomish School District	n/a	846	846	$0	$0.00	$0.00
Snoqualmie Valley School District	n/a	502	502	$0	$0.00	$0.00
Soap Lake School District	n/a	59	59	$0	$0.00	$0.00
South Bend School District	n/a	55	55	$0	$0.00	$0.00
South Kitsap School District	n/a	823	823	$0	$0.00	$0.00
South Whidbey School District	n/a	159	159	$0	$0.00	$0.00
Southside School District	n/a	19	19	$0	$0.00	$0.00
Spokane School District	n/a	3,047	6,253	$0	$0.00	$0.00
Sprague School District	n/a	20	46	$0	$0.00	$0.00
St. John School District	n/a	25	25	$0	$0.00	$0.00
Stanwood-Camano School District	Organize benefit fair, organize/attend benefit committee meetings,work with insurance broker to publish benefit booklet,pay bills for benefits,explain benefits to new employees,assist employees with benefit enrollment/changes, COBRA administration	415	415	$32,600	$6.55	$6.55
Star School District	n/a	2	2	$0	$0.00	$0.00
Starbuck School District	n/a	5	5	$0	$0.00	$0.00
Stehekin School District	No internal costs associated with administering health benefits during Fiscal Year 2012-2013.	1	1	$0	$0.00	$0.00
Steilacoom Hist. School District	n/a	242	410	$0	$0.00	$0.00
Steptoe School District	n/a	8	26	$0	$0.00	$0.00
Stevenson-Carson School District	n/a	108	108	$0	$0.00	$0.00
Sultan School District	n/a	193	193	$0	$0.00	$0.00
Summit Valley School District	n/a	17	17	$0	$0.00	$0.00
Sumner School District	n/a	759	1,651	$0	$0.00	$0.00

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Sunnyside School District	Employee does health benefit administration as a small part of their job which includes many other duties	748	1,413	$0	$0.00	$0.00
Tacoma School District	The Sound Partnership is a health & welfare Trust.	2,850	6,226	$383,810	$11.22	$5.14
Taholah School District	n/a	36	36	$200	$0.46	$0.46
Tahoma School District	n/a	703	703	$0	$0.00	$0.00
Tekoa School District	Business Manager and Superintendent	29	68	$2	$0.01	$0.00
Tenino School District	n/a	115	228	$0	$0.00	$0.00
Thorp School District	n/a	20	31	$0	$0.00	$0.00
Toledo School District	n/a	72	170	$0	$0.00	$0.00
Tonasket School District	Time for paperwork, reporting, talking to personnel, monitering and balancing	126	198	$8,412	$5.56	$3.54
Toppenish School District	Internal Admin	384	384	$21,000	$4.56	$4.56
Touchet School District	n/a	30	30	$0	$0.00	$0.00
Toutle Lake School District	n/a	70	136	$0	$0.00	$0.00
Trout Lake School District	n/a	21	21	$0	$0.00	$0.00
Tukwila School District	n/a	83	83	$0	$0.00	$0.00
Tumwater School District	Annual salary for employee who specialized in employee benefits and broker fee.	649	1,180	$54,563	$7.01	$3.85
Union Gap School District	n/a	76	76	$0	$0.00	$0.00
University Place School District	Benefits is only one of a number of duties handled in the Payroll Office	501	501	$0	$0.00	$0.00
Valley School District	n/a	77	159	$0	$0.00	$0.00
Vancouver School District	n/a	2,247	3,445	$0	$0.00	$0.00
Vashon Island School District	Percentage of Payroll/Benefits coordinator's salary.	139	139	$10,400	$6.24	$6.24
Wahkiakum School District	n/a	48	132	$0	$0.00	$0.00
Wahluke School District	n/a	259	259	$0	$0.00	$0.00
Waitsburg School District	n/a	39	65	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Walla Walla Public Schools	n/a	711	711	$0	$0.00	$0.00
Wapato School District	Since the implementation of 5940, the District has hired a half time payroll person to help with the administration. The increased cost is $1,699.49 salary plus benefits of $594.82 = $2,294.31 x 12 months = $27,531.72	379	379	$27,532	$6.05	$6.05
Warden School District	n/a	80	80	$0	$0.00	$0.00
Washougal School District	n/a	295	295	$3	$0.00	$0.00
Washtucna School District	n/a	23	45	$0	$0.00	$0.00
Waterville School District	n/a	34	34	$0	$0.00	$0.00
Wellpinit School District	n/a	66	66	$0	$0.00	$0.00
Wenatchee School District	n/a	826	826	$0	$0.00	$0.00
West Valley School District (Spokane)	n/a	403	403	$0	$0.00	$0.00
West Valley School District (Yakima)	n/a	483	483	$0	$0.00	$0.00
White Pass School District	n/a	51	51	$0	$0.00	$0.00
White River School District	n/a	248	248	$0	$0.00	$0.00
White Salmon Valley School District	n/a	116	116	$0	$0.00	$0.00
Wilbur School District	n/a	38	38	$0	$0.00	$0.00
Willapa Valley School District	n/a	39	39	$0	$0.00	$0.00
Wilson Creek School District	n/a	29	29	$0	$0.00	$0.00
Winlock School District	n/a	81	138	$0	$0.00	$0.00
Wishkah Valley School District	n/a	24	24	$2,892	$10.04	$10.04
Wishram School District	n/a	20	20	$0	$0.00	$0.00
Woodland School District	n/a	258	480	$0	$0.00	$0.00
Yakima School District	n/a	1,696	1,696	$0	$0.00	$0.00
Yelm School District	n/a	516	516	$0	$0.00	$0.00

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		Employees	Members	Total	PEPM	PMPM
Zillah School District	Internal administration involves calculation of pooling and payment of venders and is included in the human resource and accounts payable processes.	137	278	$0	$0.00	$0.00
Low		**0**	**0**	**$0**	**$0.00**	**$0.00**
Average		**343**	**469**	**$30,874**	**$1.79**	**$1.39**
High		**5,396**	**9,168**	**$383,810**	**$68.33**	**$37.03**
Grand Total		**101,273**	**138,274**	**$2,176,091**		

Washington State Office of the Insurance Commissioner
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Exhibit A13
Paid Claims and Rate Reserves
For the Plan Year Ending in 2013

Rating Pool	Enrollment		Paid Claims	Reserves		Paid Claims	Reserves PEPM	
	Employees	Members		IBNR[1]	PSR/RSR[2]	PEPM	IBNR[1]	PSR/RSR[2]
Rating Pool 001	1,556	3,082	$11,628,488	$1,363,933	$0	$622.78	$73.05	$0.00
Rating Pool 002	899	2,218	$8,479,345	$630,345	$0	$786.00	$58.43	$0.00
Rating Pool 003	52	145	$227,111	$27,189	$0	$363.96	$43.57	$0.00
Rating Pool 004	258	649	$3,133,511	$230,388	$0	$1,012.12	$74.41	$0.00
Rating Pool 005	8	25	$45,311	$1,541	$0	$471.99	$16.05	$0.00
Rating Pool 006	187	272	$1,358,547	$171,856	$0	$605.41	$76.58	$0.00
Rating Pool 007	539	1,188	$6,037,555	$809,636	$0	$933.45	$125.18	$0.00
Rating Pool 008	406	754	$3,892,130	$512,204	$0	$798.88	$105.13	$0.00
Rating Pool 009	373	581	$3,439,626	$238,817	$0	$768.46	$53.36	$0.00
Rating Pool 010	505	859	$5,541,922	$464,250	$0	$914.51	$76.61	$0.00
Rating Pool 011	64,366	123,497	$600,438,971	$38,848,401	$0	$777.38	$50.30	$0.00
Rating Pool 012	3,158	5,539	$28,116,872	$2,091,620	$0	$741.95	$55.19	$0.00
Rating Pool 013	2,257	4,585	$17,291,522	$1,155,310	$0	$638.44	$42.66	$0.00
Rating Pool 014	1,726	3,196	$15,451,656	$1,279,105	$0	$746.02	$61.76	$0.00
Rating Pool 015	1,298	2,324	$13,636,957	$645,830	$3,292,217	$875.51	$41.46	$211.36
Rating Pool 017	677	1,086	$7,026,926	$622,447	$0	$864.96	$76.62	$0.00
Rating Pool 019	3,629	7,225	$36,079,422	$0	$0	$828.50	$0.00	$0.00
Rating Pool 020	330	607	$3,722,176	$174,812	$0	$939.94	$44.14	$0.00
Rating Pool 132	55	108	$596,181	$6,750	$0	$903.30	$10.23	$0.00
Rating Pool 133	979	1,837	$9,478,896	$112,660	$0	$806.85	$9.59	$0.00
Rating Pool 135	1,171	2,304	$10,041,118	$128,479	$0	$714.57	$9.14	$0.00
Rating Pool 136	542	1,157	$5,271,631	$71,030	$1,633,322	$810.52	$10.92	$251.13
Rating Pool 138	2,968	6,422	$24,708,331	$317,091	$180,870	$693.74	$8.90	$5.08
Rating Pool 139	1,471	2,463	$12,838,579	$835,692	$661,541	$727.32	$47.34	$37.48
Rating Pool 140	36	83	$283,550	$3,925	$0	$656.37	$9.09	$0.00
Rating Pool 141	193	263	$1,287,077	$119,695	$0	$555.73	$51.68	$0.00
Rating Pool 142	22	33	$88,908	$1,343	$0	$336.77	$5.09	$0.00
Rating Pool 143	1,332	2,677	$11,854,233	$163,597	$0	$741.63	$10.24	$0.00
Rating Pool 144	1	1	$2,094	$36	$0	$174.46	$2.97	$0.00
Rating Pool 145	220	333	$1,923,897	$28,507	$0	$728.75	$10.80	$0.00
Rating Pool 146	436	816	$3,066,743	$41,144	$0	$586.15	$7.86	$0.00
Rating Pool 147	39	77	$203,280	$2,939	$0	$434.36	$6.28	$0.00

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves
For the Plan Year Ending in 2013

	Enrollment			Reserves		Paid Claims	Reserves PEPM	
Rating Pool	Employees	Members	Paid Claims	IBNR[1]	PSR/RSR[2]	PEPM	IBNR[1]	PSR/RSR[2]
Rating Pool 148	296	541	$2,398,789	$35,819	$0	$675.33	$10.08	$0.00
Rating Pool 149	37	81	$353,884	$4,289	$0	$797.04	$9.66	$0.00
Rating Pool 150	201	373	$1,479,705	$19,272	$0	$613.48	$7.99	$0.00
Rating Pool 151	2	2	$5,372	$72	$0	$223.82	$3.00	$0.00
Rating Pool 152	17	27	$102,850	$959	$0	$504.17	$4.70	$0.00
Rating Pool 153	65	127	$378,608	$5,188	$0	$485.40	$6.65	$0.00
Rating Pool 154	500	1,159	$5,038,711	$68,550	$0	$839.79	$11.43	$0.00
Rating Pool 155	5	18	$54,092	$776	$0	$901.53	$12.94	$0.00
Rating Pool 156	6	6	$47,942	$1,105	$0	$665.86	$15.35	$0.00
Rating Pool 157	214	365	$1,155,899	$16,049	$0	$450.12	$6.25	$0.00
Rating Pool 158	438	824	$3,705,113	$49,326	$0	$704.93	$9.38	$0.00
Rating Pool 159	44	82	$362,190	$3,849	$0	$685.97	$7.29	$0.00
Rating Pool 160	110	203	$779,009	$11,293	$0	$590.16	$8.55	$0.00
Rating Pool 161	89	159	$646,940	$12,337	$0	$605.75	$11.55	$0.00
Rating Pool 162	83	161	$599,360	$7,229	$0	$601.77	$7.26	$0.00
Rating Pool 163	192	299	$1,327,245	$17,865	$0	$576.06	$7.75	$0.00
Rating Pool 164	179	292	$1,659,892	$21,114	$0	$772.76	$9.83	$0.00
Rating Pool 165	297	467	$1,479,942	$20,601	$0	$415.25	$5.78	$0.00
Rating Pool 166	28	54	$265,212	$1,774	$0	$789.32	$5.28	$0.00
Rating Pool 167	149	294	$1,338,604	$19,954	$0	$748.66	$11.16	$0.00
Rating Pool 168	18	25	$138,248	$1,577	$0	$640.04	$7.30	$0.00
Rating Pool 169	452	756	$3,421,322	$43,459	$0	$630.77	$8.01	$0.00
Rating Pool 170	31	63	$235,450	$3,416	$0	$632.93	$9.18	$0.00
Rating Pool 171	59	105	$390,667	$4,201	$0	$551.79	$5.93	$0.00
Rating Pool 172	554	973	$3,449,303	$48,078	$0	$518.85	$7.23	$0.00
Rating Pool 173	44	72	$224,606	$2,546	$0	$425.39	$4.82	$0.00
Rating Pool 174	12	21	$92,358	$1,376	$0	$641.38	$9.56	$0.00
Rating Pool 175	51	87	$388,840	$5,405	$0	$635.36	$8.83	$0.00
Rating Pool 176	152	283	$1,271,283	$16,225	$0	$696.98	$8.90	$0.00
Rating Pool 177	25	42	$185,886	$2,712	$0	$619.62	$9.04	$0.00
Rating Pool 178	28	53	$571,406	$7,980	$0	$1,700.61	$23.75	$0.00
Rating Pool 179	178	272	$2,329,633	$30,615	$0	$1,090.65	$14.33	$0.00

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves
For the Plan Year Ending in 2013

	Enrollment			Reserves		Paid Claims	Reserves PEPM	
Rating Pool	Employees	Members	Paid Claims	IBNR[1]	PSR/RSR[2]	PEPM	IBNR[1]	PSR/RSR[2]
Rating Pool 180	72	127	$1,047,314	$9,662	$0	$1,212.17	$11.18	$0.00
Rating Pool 181	289	578	$3,000,669	$40,404	$0	$865.24	$11.65	$0.00
Rating Pool 182	23	41	$273,639	$3,454	$0	$991.45	$12.52	$0.00
Rating Pool 183	247	447	$2,329,398	$27,905	$0	$785.90	$9.41	$0.00
Rating Pool 184	159	230	$1,355,520	$15,764	$0	$710.44	$8.26	$0.00
Rating Pool 185	204	328	$1,285,200	$16,488	$0	$525.00	$6.74	$0.00
Rating Pool 186	85	163	$400,712	$5,355	$0	$392.85	$5.25	$0.00
Rating Pool 187	34	65	$172,253	$2,014	$0	$422.19	$4.94	$0.00
Rating Pool 188	51	101	$316,918	$4,560	$0	$517.84	$7.45	$0.00
Rating Pool 189	0	0	$0	$904	$0	n/a	n/a	n/a
Rating Pool 190	9	9	$94,048	$851	$0	$870.82	$7.88	$0.00
Rating Pool 191	5	12	$17,016	$224	$0	$283.61	$3.74	$0.00
Rating Pool 192	15	32	$120,021	$1,347	$0	$666.78	$7.49	$0.00
Rating Pool 193	0	0	$0	$0	$0	n/a	n/a	n/a
Rating Pool 194	17	18	$43,048	$419	$0	$211.02	$2.06	$0.00
Rating Pool 195	14	15	$54,932	$712	$0	$326.97	$4.24	$0.00
Rating Pool 196	173	295	$1,710,306	$20,712	$0	$823.85	$9.98	$0.00
Rating Pool 197	189	432	$2,580,640	$34,501	$0	$1,137.85	$15.21	$0.00
Rating Pool 198	1	1	$22,339	$335	$0	$1,861.59	$27.92	$0.00
Rating Pool 199	13	23	$42,271	$521	$0	$270.97	$3.34	$0.00
Rating Pool 200	18	28	$409,125	$6,280	$0	$1,894.10	$29.08	$0.00
Rating Pool 201	2	4	$24,886	$801	$0	$1,036.90	$33.36	$0.00
Rating Pool 202	34	72	$399,540	$6,393	$0	$979.26	$15.67	$0.00
Rating Pool 203	29	61	$242,062	$3,351	$0	$695.58	$9.63	$0.00
Rating Pool 204	125	220	$988,447	$12,239	$0	$658.96	$8.16	$0.00
Rating Pool 205	27	49	$201,868	$2,462	$0	$623.05	$7.60	$0.00
Rating Pool 206	10	16	$161,139	$2,385	$0	$1,342.82	$19.88	$0.00
Rating Pool 207	24	46	$130,384	$2,004	$0	$452.72	$6.96	$0.00
Rating Pool 208	42	74	$311,719	$4,475	$0	$618.49	$8.88	$0.00
Rating Pool 209	21	45	$76,189	$852	$0	$302.34	$3.38	$0.00
Rating Pool 210	35	61	$174,116	$2,565	$0	$414.56	$6.11	$0.00
Rating Pool 211	17	37	$74,759	$889	$0	$366.46	$4.36	$0.00

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves
For the Plan Year Ending in 2013

	Enrollment			Reserves		Paid Claims	Reserves PEPM	
Rating Pool	Employees	Members	Paid Claims	IBNR[1]	PSR/RSR[2]	PEPM	IBNR[1]	PSR/RSR[2]
Rating Pool 212	32	55	$100,943	$857	$0	$262.87	$2.23	$0.00
Rating Pool 213	7	13	$49,264	$761	$0	$586.48	$9.06	$0.00
Rating Pool 214	28	46	$203,932	$1,299	$0	$606.94	$3.87	$0.00
Rating Pool 215	20	37	$100,326	$1,131	$0	$418.02	$4.71	$0.00
Rating Pool 216	22	44	$369,424	$4,013	$0	$1,399.33	$15.20	$0.00
Rating Pool 217	47	106	$233,521	$2,279	$0	$414.04	$4.04	$0.00
Rating Pool 218	144	219	$1,073,715	$11,482	$0	$621.36	$6.64	$0.00
Rating Pool 219	25	56	$103,552	$1,611	$0	$345.17	$5.37	$0.00
Rating Pool 220	34	82	$202,229	$2,654	$0	$495.66	$6.50	$0.00
Rating Pool 221	241	411	$3,967,321	$43,477	$0	$1,371.83	$15.03	$0.00
Rating Pool 222	3	7	$14,170	$151	$0	$393.60	$4.18	$0.00
Rating Pool 223	39	98	$168,868	$1,840	$0	$360.83	$3.93	$0.00
Rating Pool 224	47	95	$227,743	$3,168	$0	$403.80	$5.62	$0.00
Rating Pool 225	32	46	$565,145	$7,293	$0	$1,471.73	$18.99	$0.00
Rating Pool 226	59	105	$242,537	$3,662	$0	$342.57	$5.17	$0.00
Rating Pool 227	35	62	$392,012	$5,507	$0	$933.36	$13.11	$0.00
Rating Pool 228	36	68	$133,061	$2,003	$0	$308.01	$4.64	$0.00
Rating Pool 229	2	4	$47,671	$391	$0	$1,986.28	$16.29	$0.00
Rating Pool 230	113	197	$934,638	$11,934	$0	$689.26	$8.80	$0.00
Rating Pool 231	11	29	$112,614	$1,568	$0	$853.14	$11.88	$0.00
Rating Pool 232	72	156	$484,233	$6,738	$0	$560.45	$7.80	$0.00
Rating Pool 233	10	21	$201,797	$2,881	$0	$1,681.64	$24.01	$0.00
Rating Pool 234	115	216	$767,597	$9,432	$0	$556.23	$6.84	$0.00
Rating Pool 235	5	13	$73,080	$1,094	$0	$1,218.00	$18.24	$0.00
Rating Pool 236	142	309	$841,485	$13,521	$0	$493.83	$7.93	$0.00
Rating Pool 237	0	0	$0	$0	$0	n/a	n/a	n/a
Rating Pool 238	0	0	$0	$0	$0	n/a	n/a	n/a
Rating Pool 239	86	191	$775,350	$10,110	$0	$751.31	$9.80	$0.00
Rating Pool 240	1	1	$355,400	$5,155	$0	$29,616.67	$429.58	$0.00
Rating Pool 241	40	104	$403,310	$5,121	$0	$840.23	$10.67	$0.00
Rating Pool 242	1	3	$11,178	$130	$0	$931.47	$10.80	$0.00
Rating Pool 243	159	293	$1,223,259	$15,134	$0	$641.12	$7.93	$0.00

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A13
Paid Claims and Rate Reserves

For the Plan Year Ending in 2013

	Enrollment			Reserves		Paid Claims	Reserves PEPM	
Rating Pool	Employees	Members	Paid Claims	IBNR[1]	PSR/RSR[2]	PEPM	IBNR[1]	PSR/RSR[2]
Rating Pool 244	59	127	$180,599	$2,020	$0	$255.08	$2.85	$0.00
Rating Pool 245	131	223	$1,314,203	$16,367	$0	$836.01	$10.41	$0.00
Rating Pool 246	72	119	$727,804	$6,446	$0	$842.37	$7.46	$0.00
Rating Pool 247	268	589	$3,032,330	$29,108	$0	$942.89	$9.05	$0.00
Rating Pool 248	58	108	$394,626	$5,534	$0	$566.99	$7.95	$0.00
Rating Pool 249	320	684	$2,312,720	$31,563	$0	$602.27	$8.22	$0.00
Rating Pool 250	557	1,235	$4,662,343	$62,946	$0	$697.54	$9.42	$0.00
Rating Pool 251	386	1,063	$2,196,962	$29,006	$0	$474.30	$6.26	$0.00
Rating Pool 252	1,526	2,587	$10,709,188	$142,182	$0	$584.82	$7.76	$0.00
Rating Pool 253	170	290	$857,861	$10,614	$0	$420.52	$5.20	$0.00
Rating Pool 254	165	371	$1,968,598	$23,407	$0	$994.24	$11.82	$0.00
Rating Pool 255	50	50	$45,580	$694	$0	$75.97	$1.16	$0.00
Rating Pool 256	92	269	$186,986	$3,797	$0	$169.37	$3.44	$0.00
Rating Pool 257	1,307	2,763	$11,827,664	$910,435	$0	$754.12	$58.05	$0.00
Grand Total	**103,549**	**198,805**	**$943,868,009**	**$52,352,001**	**$5,767,950**	**$759.60**	**$42.13**	**$4.64**

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Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A14
Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2013 and 2014

		2013	2014	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
Plan Type	Health Plan	Employees	Employees	EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
Closed Network	Plan 281	97	n/a	$675.75	$0.00	$0.00	$0.00	$797.66	n/a	n/a	n/a	n/a	n/a
	Plan 282	90	n/a	$524.73	$860.55	$776.59	$1,290.80	$612.76	n/a	n/a	n/a	n/a	n/a
	Plan 283	493	n/a	$627.41	$1,035.23	$909.76	$1,537.17	$910.01	n/a	n/a	n/a	n/a	n/a
	Plan 285	32	n/a	$499.38	$823.96	$724.11	$1,223.48	$812.27	n/a	n/a	n/a	n/a	n/a
HMO	Plan 273	30	n/a	$522.26	$856.51	$1,284.76	$772.95	$814.38	n/a	n/a	n/a	n/a	n/a
		96	n/a	$490.41	$804.27	$1,206.41	$725.81	$715.59	n/a	n/a	n/a	n/a	n/a
	Plan 274	69	n/a	$658.42	$1,079.80	$1,619.70	$974.46	$928.27	n/a	n/a	n/a	n/a	n/a
	Plan 275	24	n/a	$604.73	$1,173.18	$1,415.07	$846.63	$864.77	n/a	n/a	n/a	n/a	n/a
		58	n/a	$641.28	$1,244.08	$1,500.59	$897.79	$962.80	n/a	n/a	n/a	n/a	n/a
	Plan 276	131	n/a	$612.10	$1,003.85	$1,505.77	$905.91	$1,041.79	n/a	n/a	n/a	n/a	n/a
	Plan 277	189	n/a	$576.99	$946.27	$1,419.40	$853.95	$716.57	n/a	n/a	n/a	n/a	n/a
	Plan 286	1	n/a	$446.64	$893.28	$781.62	$1,228.26	$781.62	n/a	n/a	n/a	n/a	n/a
	Plan 287	138	n/a	$578.82	$1,157.64	$1,012.94	$1,591.76	$999.31	n/a	n/a	n/a	n/a	n/a
	Plan 288	119	n/a	$529.38	$1,058.76	$926.42	$1,455.80	$1,089.90	n/a	n/a	n/a	n/a	n/a
	Plan 292	66	n/a	$647.04	$1,099.97	$1,539.96	$1,002.92	$982.13	n/a	n/a	n/a	n/a	n/a
	Plan 293	39	n/a	$755.55	$1,208.88	$1,435.55	$1,133.33	$1,034.52	n/a	n/a	n/a	n/a	n/a
	Plan 294	1	n/a	$364.30	$0.00	$0.00	$0.00	$364.30	n/a	n/a	n/a	n/a	n/a
		127	n/a	$728.60	$1,413.48	$1,704.92	$1,020.04	$1,025.32	n/a	n/a	n/a	n/a	n/a
	Plan 298	38	n/a	$611.79	$1,192.99	$1,547.82	$1,101.22	$917.04	n/a	n/a	n/a	n/a	n/a
	Plan 300	467	n/a	$650.54	$1,262.05	$1,515.76	$910.76	$995.01	n/a	n/a	n/a	n/a	n/a
	Plan 301	482	n/a	$688.46	$1,129.08	$1,693.62	$1,018.92	$1,043.55	n/a	n/a	n/a	n/a	n/a
	Plan 302	4	n/a	$268.89	$0.00	$0.00	$0.00	$268.89	n/a	n/a	n/a	n/a	n/a
		840	n/a	$672.22	$1,310.84	$1,579.73	$941.11	$1,009.34	n/a	n/a	n/a	n/a	n/a
	Plan 303	307	n/a	$666.05	$1,292.14	$1,558.56	$825.90	$1,065.07	n/a	n/a	n/a	n/a	n/a
	Plan 304	35	n/a	$766.58	$1,149.87	$1,379.84	$958.22	$1,044.74	n/a	n/a	n/a	n/a	n/a
	Plan 305	74	n/a	$583.48	$956.91	$1,435.37	$857.72	$986.80	n/a	n/a	n/a	n/a	n/a
	Plan 306	251	n/a	$678.53	$1,316.35	$1,587.77	$949.95	$925.61	n/a	n/a	n/a	n/a	n/a
	Plan 308	105	n/a	$687.74	$1,375.48	$1,650.57	$962.83	$966.76	n/a	n/a	n/a	n/a	n/a
	Plan 310	13	n/a	$665.43	$1,091.30	$1,636.95	$984.83	$1,079.02	n/a	n/a	n/a	n/a	n/a
	Plan 311	99	n/a	$625.89	$1,276.81	$1,708.67	$1,101.56	$786.09	n/a	n/a	n/a	n/a	n/a
	Plan 418	1	n/a	$673.31	$1,306.22	$942.63	$1,575.54	$673.31	n/a	n/a	n/a	n/a	n/a
	Plan 419	220	n/a	$570.26	$1,095.49	$809.35	$1,334.47	$691.87	n/a	n/a	n/a	n/a	n/a
	Plan 420	436	n/a	$612.70	$1,200.67	$884.92	$1,478.07	$810.00	n/a	n/a	n/a	n/a	n/a
	Plan 421	39	n/a	$591.64	$1,147.77	$828.29	$1,384.43	$774.29	n/a	n/a	n/a	n/a	n/a
	Plan 422	296	n/a	$678.30	$1,417.66	$1,071.72	$1,811.08	$981.07	n/a	n/a	n/a	n/a	n/a
	Plan 423	37	n/a	$666.94	$1,295.78	$933.61	$1,562.41	$993.41	n/a	n/a	n/a	n/a	n/a
	Plan 424	201	n/a	$623.48	$1,113.04	$925.55	$1,417.24	$832.78	n/a	n/a	n/a	n/a	n/a

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Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2013 and 2014

Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 425	2	n/a	$471.42	$942.83	$824.98	$1,296.40	$471.42	n/a	n/a	n/a	n/a	n/a
	Plan 426	17	n/a	$706.80	$1,375.31	$989.86	$1,658.31	$852.04	n/a	n/a	n/a	n/a	n/a
	Plan 427	65	n/a	$666.94	$1,295.78	$933.61	$1,562.41	$907.58	n/a	n/a	n/a	n/a	n/a
	Plan 428	542	n/a	$340.22	$660.03	$476.31	$796.12	$493.46	n/a	n/a	n/a	n/a	n/a
	Plan 429	500	n/a	$597.23	$1,135.23	$827.54	$1,366.01	$941.25	n/a	n/a	n/a	n/a	n/a
	Plan 430	5	n/a	$625.21	$1,275.69	$886.66	$1,148.11	$886.66	n/a	n/a	n/a	n/a	n/a
	Plan 431	6	n/a	$539.38	$1,046.40	$755.13	$1,262.15	$539.38	n/a	n/a	n/a	n/a	n/a
	Plan 432	214	n/a	$614.72	$1,193.87	$859.95	$1,439.16	$797.88	n/a	n/a	n/a	n/a	n/a
	Plan 433	506	n/a	$545.82	$1,058.90	$764.15	$1,277.23	$728.73	n/a	n/a	n/a	n/a	n/a
	Plan 434	438	n/a	$630.88	$1,225.01	$881.57	$1,475.68	$852.61	n/a	n/a	n/a	n/a	n/a
	Plan 435	44	n/a	$398.36	$772.82	$557.71	$932.17	$548.65	n/a	n/a	n/a	n/a	n/a
	Plan 436	110	n/a	$683.51	$1,354.17	$961.02	$1,631.68	$876.93	n/a	n/a	n/a	n/a	n/a
	Plan 437	89	n/a	$581.03	$1,127.17	$813.42	$1,359.57	$774.26	n/a	n/a	n/a	n/a	n/a
	Plan 438	83	n/a	$363.76	$705.68	$508.50	$850.40	$497.20	n/a	n/a	n/a	n/a	n/a
	Plan 439	192	n/a	$533.84	$1,035.02	$745.97	$1,247.18	$670.50	n/a	n/a	n/a	n/a	n/a
	Plan 440	179	n/a	$566.46	$1,100.53	$792.91	$792.91	$657.02	n/a	n/a	n/a	n/a	n/a
	Plan 441	297	n/a	$666.32	$1,292.66	$932.85	$1,559.19	$815.56	n/a	n/a	n/a	n/a	n/a
	Plan 442	28	n/a	$404.47	$785.41	$565.16	$946.04	$595.77	n/a	n/a	n/a	n/a	n/a
	Plan 443	149	n/a	$689.28	$1,399.24	$985.68	$1,688.74	$968.83	n/a	n/a	n/a	n/a	n/a
	Plan 444	18	n/a	$667.57	$1,294.40	$932.90	$1,559.66	$801.52	n/a	n/a	n/a	n/a	n/a
	Plan 445	452	n/a	$696.94	$1,352.05	$975.71	$1,630.83	$856.25	n/a	n/a	n/a	n/a	n/a
	Plan 446	31	n/a	$612.52	$1,188.24	$857.52	$1,433.25	$837.36	n/a	n/a	n/a	n/a	n/a
	Plan 447	59	n/a	$666.32	$1,292.66	$932.85	$1,559.19	$833.92	n/a	n/a	n/a	n/a	n/a
	Plan 448	554	n/a	$603.55	$1,221.02	$859.13	$1,476.59	$786.98	n/a	n/a	n/a	n/a	n/a
	Plan 449	44	n/a	$577.47	$1,121.32	$807.76	$1,351.64	$739.16	n/a	n/a	n/a	n/a	n/a
	Plan 450	12	n/a	$1,090.69	$1,090.69	$1,090.69	$1,090.69	$1,090.69	n/a	n/a	n/a	n/a	n/a
	Plan 451	51	n/a	$666.94	$1,295.78	$933.61	$1,562.41	$854.47	n/a	n/a	n/a	n/a	n/a
	Plan 452	152	n/a	$662.89	$1,286.01	$928.05	$1,551.16	$901.71	n/a	n/a	n/a	n/a	n/a
	Plan 453	25	n/a	$688.05	$1,325.44	$958.31	$1,595.75	$869.58	n/a	n/a	n/a	n/a	n/a
	Plan 454	28	n/a	$632.01	$1,263.94	$983.22	$1,266.71	$920.71	n/a	n/a	n/a	n/a	n/a
	Plan 455	178	n/a	$654.11	$1,260.06	$911.04	$1,517.04	$813.98	n/a	n/a	n/a	n/a	n/a
	Plan 456	72	n/a	$536.00	$1,059.00	$905.00	$1,424.00	$738.63	n/a	n/a	n/a	n/a	n/a
	Plan 457	289	n/a	$457.49	$925.53	$651.21	$1,119.26	$697.53	n/a	n/a	n/a	n/a	n/a
	Plan 458	23	n/a	$571.95	$1,130.34	$806.51	$1,364.91	$736.57	n/a	n/a	n/a	n/a	n/a
	Plan 459	247	n/a	$683.96	$1,299.53	$957.55	$1,573.12	$874.47	n/a	n/a	n/a	n/a	n/a
	Plan 460	159	n/a	$610.52	$1,184.41	$854.73	$1,428.61	$720.03	n/a	n/a	n/a	n/a	n/a
	Plan 461	204	n/a	$648.54	$1,260.03	$907.84	$1,519.34	$832.09	n/a	n/a	n/a	n/a	n/a

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Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 462	85	n/a	$395.93	$768.11	$554.31	$926.48	$527.48	n/a	n/a	n/a	n/a	n/a
	Plan 463	34	n/a	$397.90	$771.92	$557.06	$931.08	$542.08	n/a	n/a	n/a	n/a	n/a
	Plan 464	51	n/a	$648.54	$1,260.03	$907.84	$1,519.34	$854.87	n/a	n/a	n/a	n/a	n/a
	Plan 466	9	n/a	$534.70	$1,037.32	$748.58	$1,251.20	$534.70	n/a	n/a	n/a	n/a	n/a
	Plan 467	5	n/a	$611.02	$1,179.02	$851.57	$1,419.50	$755.35	n/a	n/a	n/a	n/a	n/a
	Plan 468	15	n/a	$624.95	$1,215.99	$875.19	$1,466.24	$741.73	n/a	n/a	n/a	n/a	n/a
	Plan 470	17	n/a	$534.70	$1,037.32	$748.58	$1,251.20	$547.28	n/a	n/a	n/a	n/a	n/a
	Plan 471	14	n/a	$534.70	$1,037.32	$748.58	$1,251.20	$570.60	n/a	n/a	n/a	n/a	n/a
	Plan 472	173	n/a	$666.94	$1,295.78	$933.61	$1,562.41	$805.25	n/a	n/a	n/a	n/a	n/a
	Plan 473	189	n/a	$659.83	$1,339.46	$936.96	$1,616.61	$953.09	n/a	n/a	n/a	n/a	n/a
	Plan 474	1	n/a	$534.70	$1,037.32	$748.58	$1,251.20	$534.70	n/a	n/a	n/a	n/a	n/a
	Plan 475	13	n/a	$534.70	$1,037.32	$748.58	$1,251.20	$738.71	n/a	n/a	n/a	n/a	n/a
	Plan 476	18	n/a	$673.82	$1,307.21	$943.35	$1,576.74	$733.72	n/a	n/a	n/a	n/a	n/a
	Plan 477	2	n/a	$402.79	$781.41	$563.91	$942.53	$781.41	n/a	n/a	n/a	n/a	n/a
	Plan 478	34	n/a	$402.79	$781.41	$563.91	$942.53	$617.22	n/a	n/a	n/a	n/a	n/a
	Plan 479	29	n/a	$472.96	$916.77	$672.26	$1,116.07	$769.68	n/a	n/a	n/a	n/a	n/a
	Plan 481	27	n/a	$599.00	$1,186.00	$805.00	$1,013.00	$711.22	n/a	n/a	n/a	n/a	n/a
	Plan 482	10	n/a	$534.70	$1,037.32	$748.58	$1,251.20	$649.13	n/a	n/a	n/a	n/a	n/a
	Plan 483	24	n/a	$669.80	$1,299.41	$937.72	$1,567.33	$901.44	n/a	n/a	n/a	n/a	n/a
	Plan 484	42	n/a	$676.87	$1,313.12	$947.61	$1,583.87	$916.67	n/a	n/a	n/a	n/a	n/a
	Plan 485	21	n/a	$555.87	$1,078.38	$778.21	$1,300.73	$853.39	n/a	n/a	n/a	n/a	n/a
	Plan 486	35	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$685.47	n/a	n/a	n/a	n/a	n/a
	Plan 487	17	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$773.77	n/a	n/a	n/a	n/a	n/a
	Plan 488	32	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$716.79	n/a	n/a	n/a	n/a	n/a
	Plan 489	7	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$759.19	n/a	n/a	n/a	n/a	n/a
	Plan 490	28	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$669.78	n/a	n/a	n/a	n/a	n/a
	Plan 491	20	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$743.90	n/a	n/a	n/a	n/a	n/a
	Plan 492	22	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$803.04	n/a	n/a	n/a	n/a	n/a
	Plan 493	47	n/a	$555.87	$1,078.38	$778.21	$1,300.73	$893.41	n/a	n/a	n/a	n/a	n/a
	Plan 494	144	n/a	$691.24	$1,340.22	$965.93	$1,614.90	$826.30	n/a	n/a	n/a	n/a	n/a
	Plan 495	25	n/a	$405.28	$786.24	$567.39	$948.35	$659.47	n/a	n/a	n/a	n/a	n/a
	Plan 496	34	n/a	$405.28	$786.24	$567.39	$948.35	$659.17	n/a	n/a	n/a	n/a	n/a
	Plan 497	241	n/a	$666.32	$1,292.66	$932.85	$1,559.19	$844.98	n/a	n/a	n/a	n/a	n/a
	Plan 498	3	n/a	$472.31	$907.32	$670.33	$1,105.26	$828.30	n/a	n/a	n/a	n/a	n/a
	Plan 499	39	n/a	$555.87	$1,078.38	$778.21	$1,300.73	$870.86	n/a	n/a	n/a	n/a	n/a
	Plan 500	47	n/a	$479.27	$909.62	$656.94	$972.96	$625.20	n/a	n/a	n/a	n/a	n/a
	Plan 501	32	n/a	$603.55	$1,221.02	$859.13	$1,476.59	$709.36	n/a	n/a	n/a	n/a	n/a

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Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 502	59	n/a	$603.55	$1,221.02	$859.13	$1,476.59	$748.65	n/a	n/a	n/a	n/a	n/a
	Plan 503	35	n/a	$534.70	$1,037.32	$748.58	$1,251.20	$696.33	n/a	n/a	n/a	n/a	n/a
	Plan 504	36	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$751.22	n/a	n/a	n/a	n/a	n/a
	Plan 505	2	n/a	$624.95	$1,215.99	$875.19	$1,466.24	$750.07	n/a	n/a	n/a	n/a	n/a
	Plan 506	113	n/a	$340.54	$660.64	$476.75	$796.86	$437.40	n/a	n/a	n/a	n/a	n/a
	Plan 507	11	n/a	$677.69	$1,355.31	$992.46	$992.46	$906.61	n/a	n/a	n/a	n/a	n/a
	Plan 508	72	n/a	$682.41	$1,323.89	$955.39	$1,596.87	$1,034.05	n/a	n/a	n/a	n/a	n/a
	Plan 509	10	n/a	$549.00	$1,065.06	$768.60	$1,284.67	$894.87	n/a	n/a	n/a	n/a	n/a
	Plan 510	115	n/a	$610.52	$1,184.41	$854.73	$1,428.61	$749.61	n/a	n/a	n/a	n/a	n/a
	Plan 511	5	n/a	$503.42	$988.55	$708.10	$1,193.27	$682.33	n/a	n/a	n/a	n/a	n/a
	Plan 512	142	n/a	$666.94	$1,295.78	$933.61	$1,562.41	$881.86	n/a	n/a	n/a	n/a	n/a
	Plan 513	39	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$800.51	n/a	n/a	n/a	n/a	n/a
	Plan 514	87	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$901.36	n/a	n/a	n/a	n/a	n/a
	Plan 515	13	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$855.46	n/a	n/a	n/a	n/a	n/a
	Plan 516	23	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$1,023.42	n/a	n/a	n/a	n/a	n/a
	Plan 517	43	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$896.76	n/a	n/a	n/a	n/a	n/a
	Plan 518	27	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$890.52	n/a	n/a	n/a	n/a	n/a
	Plan 520	1	n/a	$332.60	$645.25	$465.64	$778.29	$332.60	n/a	n/a	n/a	n/a	n/a
	Plan 524	1	n/a	$332.60	$645.25	$465.64	$778.29	$332.60	n/a	n/a	n/a	n/a	n/a
	Plan 525	4	n/a	$332.60	$645.25	$465.64	$778.29	$711.77	n/a	n/a	n/a	n/a	n/a
	Plan 527	1	n/a	$332.60	$645.25	$465.64	$778.29	$645.25	n/a	n/a	n/a	n/a	n/a
	Plan 528	3	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,373.38	n/a	n/a	n/a	n/a	n/a
	Plan 529	3	n/a	$332.60	$645.25	$465.64	$778.29	$541.03	n/a	n/a	n/a	n/a	n/a
	Plan 530	1	n/a	$332.60	$645.25	$465.64	$778.29	$332.60	n/a	n/a	n/a	n/a	n/a
	Plan 531	1	n/a	$332.60	$645.25	$465.64	$778.29	$465.64	n/a	n/a	n/a	n/a	n/a
	Plan 532	1	n/a	$332.60	$645.25	$465.64	$778.29	$332.60	n/a	n/a	n/a	n/a	n/a
	Plan 534	1	n/a	$332.60	$645.25	$465.64	$778.29	$332.60	n/a	n/a	n/a	n/a	n/a
	Plan 535	1	n/a	$332.60	$645.25	$465.64	$778.29	$645.25	n/a	n/a	n/a	n/a	n/a
	Plan 536	1	n/a	$332.60	$645.25	$465.64	$778.29	$778.29	n/a	n/a	n/a	n/a	n/a
	Plan 537	1	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$703.52	n/a	n/a	n/a	n/a	n/a
	Plan 538	1	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$979.74	n/a	n/a	n/a	n/a	n/a
	Plan 541	1	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$703.52	n/a	n/a	n/a	n/a	n/a
	Plan 543	2	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$703.52	n/a	n/a	n/a	n/a	n/a
	Plan 545	3	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$703.52	n/a	n/a	n/a	n/a	n/a
	Plan 547	1	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$703.52	n/a	n/a	n/a	n/a	n/a
	Plan 549	3	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$703.52	n/a	n/a	n/a	n/a	n/a
	Plan 550	1	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$1,355.12	n/a	n/a	n/a	n/a	n/a

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Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 551	4	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$703.52	n/a	n/a	n/a	n/a	n/a
	Plan 552	1	n/a	$703.52	$1,355.12	$979.74	$1,629.26	$1,355.12	n/a	n/a	n/a	n/a	n/a
	Plan 554	8	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,485.98	n/a	n/a	n/a	n/a	n/a
	Plan 555	490	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$748.06	n/a	n/a	n/a	n/a	n/a
	Plan 556	65	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$1,055.69	n/a	n/a	n/a	n/a	n/a
	Plan 557	318	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,713.50	n/a	n/a	n/a	n/a	n/a
	Plan 558	79	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,118.04	n/a	n/a	n/a	n/a	n/a
	Plan 559	328	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$746.38	n/a	n/a	n/a	n/a	n/a
	Plan 560	109	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,644.13	n/a	n/a	n/a	n/a	n/a
	Plan 561	203	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$790.45	n/a	n/a	n/a	n/a	n/a
	Plan 562	145	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$733.17	n/a	n/a	n/a	n/a	n/a
	Plan 563	21	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$697.25	n/a	n/a	n/a	n/a	n/a
	Plan 564	1	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$596.56	n/a	n/a	n/a	n/a	n/a
	Plan 565	74	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$802.31	n/a	n/a	n/a	n/a	n/a
	Plan 566	70	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$754.38	n/a	n/a	n/a	n/a	n/a
	Plan 567	6	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$699.93	n/a	n/a	n/a	n/a	n/a
	Plan 568	72	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$710.35	n/a	n/a	n/a	n/a	n/a
	Plan 569	24	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$910.65	n/a	n/a	n/a	n/a	n/a
	Plan 570	98	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$758.28	n/a	n/a	n/a	n/a	n/a
	Plan 571	75	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$737.46	n/a	n/a	n/a	n/a	n/a
	Plan 572	7	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$1,049.49	n/a	n/a	n/a	n/a	n/a
	Plan 573	19	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$693.87	n/a	n/a	n/a	n/a	n/a
	Plan 574	47	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$737.04	n/a	n/a	n/a	n/a	n/a
	Plan 575	114	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$802.75	n/a	n/a	n/a	n/a	n/a
	Plan 576	1	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,740.30	n/a	n/a	n/a	n/a	n/a
	Plan 577	7	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$938.78	n/a	n/a	n/a	n/a	n/a
	Plan 578	8	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$862.64	n/a	n/a	n/a	n/a	n/a
	Plan 579	7	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$889.59	n/a	n/a	n/a	n/a	n/a
	Plan 580	21	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$676.47	n/a	n/a	n/a	n/a	n/a
	Plan 581	141	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$819.42	n/a	n/a	n/a	n/a	n/a
	Plan 582	14	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$889.59	n/a	n/a	n/a	n/a	n/a
	Plan 583	227	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$740.88	n/a	n/a	n/a	n/a	n/a
	Plan 584	79	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$773.12	n/a	n/a	n/a	n/a	n/a
	Plan 585	141	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$784.82	n/a	n/a	n/a	n/a	n/a
	Plan 587	35	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$771.30	n/a	n/a	n/a	n/a	n/a
	Plan 588	25	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$782.59	n/a	n/a	n/a	n/a	n/a
	Plan 589	69	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$778.39	n/a	n/a	n/a	n/a	n/a

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Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 590	11	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$723.28	n/a	n/a	n/a	n/a	n/a
	Plan 591	36	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$748.41	n/a	n/a	n/a	n/a	n/a
	Plan 592	1	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$596.56	n/a	n/a	n/a	n/a	n/a
	Plan 593	125	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$753.58	n/a	n/a	n/a	n/a	n/a
	Plan 594	1	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,740.30	n/a	n/a	n/a	n/a	n/a
	Plan 595	6	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$772.54	n/a	n/a	n/a	n/a	n/a
	Plan 596	6	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$772.54	n/a	n/a	n/a	n/a	n/a
	Plan 597	4	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$728.72	n/a	n/a	n/a	n/a	n/a
	Plan 598	7	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$1,113.43	n/a	n/a	n/a	n/a	n/a
	Plan 599	22	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,862.74	n/a	n/a	n/a	n/a	n/a
	Plan 600	19	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,882.35	n/a	n/a	n/a	n/a	n/a
	Plan 601	81	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,756.56	n/a	n/a	n/a	n/a	n/a
	Plan 602	36	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,681.81	n/a	n/a	n/a	n/a	n/a
	Plan 603	31	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,739.16	n/a	n/a	n/a	n/a	n/a
	Plan 604	18	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,279.25	n/a	n/a	n/a	n/a	n/a
	Plan 605	12	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,657.07	n/a	n/a	n/a	n/a	n/a
	Plan 606	14	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$900.82	n/a	n/a	n/a	n/a	n/a
	Plan 607	9	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$860.42	n/a	n/a	n/a	n/a	n/a
	Plan 608	27	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$665.04	n/a	n/a	n/a	n/a	n/a
	Plan 609	11	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$707.39	n/a	n/a	n/a	n/a	n/a
	Plan 610	6	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$699.93	n/a	n/a	n/a	n/a	n/a
	Plan 611	4	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$740.98	n/a	n/a	n/a	n/a	n/a
	Plan 612	11	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$918.92	n/a	n/a	n/a	n/a	n/a
	Plan 613	8	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$880.50	n/a	n/a	n/a	n/a	n/a
	Plan 614	24	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$1,120.43	n/a	n/a	n/a	n/a	n/a
	Plan 615	54	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$883.40	n/a	n/a	n/a	n/a	n/a
	Plan 616	17	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$817.72	n/a	n/a	n/a	n/a	n/a
	Plan 617	6	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$837.93	n/a	n/a	n/a	n/a	n/a
	Plan 618	8	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,094.59	n/a	n/a	n/a	n/a	n/a
	Plan 619	24	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$1,055.87	n/a	n/a	n/a	n/a	n/a
	Plan 621	1	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$1,199.54	n/a	n/a	n/a	n/a	n/a
	Plan 622	6	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$1,113.94	n/a	n/a	n/a	n/a	n/a
	Plan 623	1	n/a	$596.56	$1,123.81	$860.88	$1,125.21	$596.56	n/a	n/a	n/a	n/a	n/a
	Plan 624	5	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,020.48	n/a	n/a	n/a	n/a	n/a
	Plan 625	22	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$1,051.95	n/a	n/a	n/a	n/a	n/a
	Plan 626	1	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,740.30	n/a	n/a	n/a	n/a	n/a
	Plan 627	76	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$648.17	n/a	n/a	n/a	n/a	n/a

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Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 628	5	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,460.77	n/a	n/a	n/a	n/a	n/a
	Plan 629	2	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$617.83	n/a	n/a	n/a	n/a	n/a
	Plan 630	84	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$896.53	n/a	n/a	n/a	n/a	n/a
	Plan 631	26	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,562.97	n/a	n/a	n/a	n/a	n/a
	Plan 632	73	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,492.16	n/a	n/a	n/a	n/a	n/a
	Plan 633	37	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,612.03	n/a	n/a	n/a	n/a	n/a
	Plan 634	41	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$688.26	n/a	n/a	n/a	n/a	n/a
	Plan 635	37	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$693.46	n/a	n/a	n/a	n/a	n/a
	Plan 636	8	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,877.63	n/a	n/a	n/a	n/a	n/a
	Plan 637	23	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$685.96	n/a	n/a	n/a	n/a	n/a
	Plan 638	12	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,618.25	n/a	n/a	n/a	n/a	n/a
	Plan 639	38	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,543.65	n/a	n/a	n/a	n/a	n/a
	Plan 640	181	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$667.80	n/a	n/a	n/a	n/a	n/a
	Plan 641	83	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,624.20	n/a	n/a	n/a	n/a	n/a
	Plan 642	9	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$645.20	n/a	n/a	n/a	n/a	n/a
	Plan 643	8	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,565.34	n/a	n/a	n/a	n/a	n/a
	Plan 644	88	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$692.86	n/a	n/a	n/a	n/a	n/a
	Plan 645	24	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,799.99	n/a	n/a	n/a	n/a	n/a
	Plan 646	46	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$675.25	n/a	n/a	n/a	n/a	n/a
	Plan 647	32	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,446.30	n/a	n/a	n/a	n/a	n/a
	Plan 648	24	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,563.63	n/a	n/a	n/a	n/a	n/a
	Plan 649	3	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$2,218.10	n/a	n/a	n/a	n/a	n/a
	Plan 650	54	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$913.31	n/a	n/a	n/a	n/a	n/a
	Plan 651	30	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,673.36	n/a	n/a	n/a	n/a	n/a
	Plan 652	49	n/a	$549.45	$1,065.94	$769.24	$1,285.72	$854.23	n/a	n/a	n/a	n/a	n/a
	Plan 653	2	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,406.63	n/a	n/a	n/a	n/a	n/a
	Plan 654	11	n/a	$1,173.70	$2,274.42	$1,639.55	$2,740.30	$1,300.75	n/a	n/a	n/a	n/a	n/a
	Plan 655	3	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$782.03	n/a	n/a	n/a	n/a	n/a
	Plan 656	8	n/a	$617.83	$1,199.54	$864.13	$1,445.84	$866.76	n/a	n/a	n/a	n/a	n/a
	Plan 657	86	n/a	$594.54	$1,129.64	$862.07	$1,397.20	$871.42	n/a	n/a	n/a	n/a	n/a
	Plan 658	1	n/a	$485.21	$970.41	$849.11	$1,334.32	$485.21	n/a	n/a	n/a	n/a	n/a
	Plan 659	40	n/a	$476.98	$906.26	$691.61	$1,120.92	$809.68	n/a	n/a	n/a	n/a	n/a
	Plan 660	1	n/a	$654.11	$1,260.06	$911.04	$1,517.04	$911.04	n/a	n/a	n/a	n/a	n/a
	Plan 661	159	n/a	$668.96	$1,299.06	$934.79	$1,564.90	$886.06	n/a	n/a	n/a	n/a	n/a
	Plan 662	59	n/a	$476.98	$906.26	$691.61	$1,120.92	$717.09	n/a	n/a	n/a	n/a	n/a
	Plan 663	131	n/a	$523.67	$1,016.88	$731.74	$1,224.89	$668.44	n/a	n/a	n/a	n/a	n/a
	Plan 664	72	n/a	$594.54	$1,129.64	$862.07	$1,397.20	$732.03	n/a	n/a	n/a	n/a	n/a

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Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 665	268	n/a	$668.96	$1,299.06	$934.79	$1,564.90	$970.79	n/a	n/a	n/a	n/a	n/a
	Plan 666	58	n/a	$668.96	$1,299.06	$934.79	$1,564.90	$839.56	n/a	n/a	n/a	n/a	n/a
	Plan 667	320	n/a	$1,071.57	$1,071.57	$1,071.57	$1,071.57	$1,071.57	n/a	n/a	n/a	n/a	n/a
	Plan 704	8	n/a	$561.22	$1,122.44	$982.14	$1,543.36	$1,315.36	n/a	n/a	n/a	n/a	n/a
PPO	**Plan 238**	161	n/a	$788.02	$1,536.64	$1,103.23	$1,843.97	$1,008.76	n/a	n/a	n/a	n/a	n/a
	Plan 245	10	n/a	$485.71	$942.28	$679.99	$1,136.56	$674.16	n/a	n/a	n/a	n/a	n/a
	Plan 268	7	n/a	$465.75	$908.22	$652.02	$1,089.86	$697.29	n/a	n/a	n/a	n/a	n/a
	Plan 269	1	n/a	$439.87	$875.35	$808.02	$1,143.64	$875.35	n/a	n/a	n/a	n/a	n/a
	Plan 270	55	n/a	$673.88	$1,341.04	$1,237.90	$1,752.07	$1,055.53	n/a	n/a	n/a	n/a	n/a
	Plan 271	256	n/a	$589.26	$1,172.65	$1,082.46	$1,532.06	$802.62	n/a	n/a	n/a	n/a	n/a
	Plan 272	92	n/a	$463.05	$921.50	$850.62	$1,203.87	$849.07	n/a	n/a	n/a	n/a	n/a
	Plan 278	8	n/a	$670.48	$670.48	$670.48	$670.48	$670.48	n/a	n/a	n/a	n/a	n/a
		31	n/a	$742.78	$742.78	$742.78	$742.78	$742.78	n/a	n/a	n/a	n/a	n/a
		6,139	n/a	$419.38	$767.93	$920.88	$559.78	$649.91	n/a	n/a	n/a	n/a	n/a
		418	n/a	$464.13	$851.38	$1,021.18	$619.98	$698.19	n/a	n/a	n/a	n/a	n/a
	Plan 279	7	n/a	$742.78	$742.78	$742.78	$742.78	$742.78	n/a	n/a	n/a	n/a	n/a
		11	n/a	$670.48	$670.48	$670.48	$670.48	$670.48	n/a	n/a	n/a	n/a	n/a
		3,091	n/a	$419.38	$767.93	$920.88	$559.78	$655.76	n/a	n/a	n/a	n/a	n/a
		185	n/a	$464.13	$851.38	$1,021.18	$619.98	$713.43	n/a	n/a	n/a	n/a	n/a
	Plan 280	4	n/a	$742.78	$742.78	$742.78	$742.78	$742.78	n/a	n/a	n/a	n/a	n/a
		14	n/a	$670.48	$670.48	$670.48	$670.48	$670.48	n/a	n/a	n/a	n/a	n/a
		1,418	n/a	$419.38	$767.93	$920.88	$559.78	$655.49	n/a	n/a	n/a	n/a	n/a
		104	n/a	$464.13	$851.38	$1,021.18	$619.98	$709.74	n/a	n/a	n/a	n/a	n/a
	Plan 289	1	n/a	$525.68	$525.68	$525.68	$525.68	$525.68	n/a	n/a	n/a	n/a	n/a
		20	n/a	$582.33	$582.33	$582.33	$582.33	$582.33	n/a	n/a	n/a	n/a	n/a
		520	n/a	$328.78	$602.08	$712.13	$438.88	$462.07	n/a	n/a	n/a	n/a	n/a
		139	n/a	$363.88	$667.48	$789.73	$486.08	$515.00	n/a	n/a	n/a	n/a	n/a
	Plan 315	18	n/a	$846.58	$1,663.98	$2,047.49	$1,218.65	$1,111.54	n/a	n/a	n/a	n/a	n/a
		94	n/a	$783.87	$1,540.72	$1,895.83	$1,128.38	$931.36	n/a	n/a	n/a	n/a	n/a
	Plan 317	90	n/a	$1,082.64	$1,082.64	$1,082.64	$1,082.64	$1,082.64	n/a	n/a	n/a	n/a	n/a
		444	n/a	$568.73	$1,102.80	$1,336.80	$802.73	$754.34	n/a	n/a	n/a	n/a	n/a
	Plan 318	22	n/a	$795.34	$1,552.19	$1,907.30	$1,139.85	$914.69	n/a	n/a	n/a	n/a	n/a
	Plan 319	14	n/a	$755.31	$1,484.58	$1,826.66	$1,087.26	$1,012.54	n/a	n/a	n/a	n/a	n/a
		92	n/a	$699.36	$1,374.61	$1,691.36	$1,006.72	$944.52	n/a	n/a	n/a	n/a	n/a
	Plan 320	24	n/a	$684.22	$1,344.80	$1,654.76	$984.86	$833.06	n/a	n/a	n/a	n/a	n/a
		68	n/a	$633.54	$1,245.18	$1,532.18	$911.91	$972.03	n/a	n/a	n/a	n/a	n/a
	Plan 321	18	n/a	$710.83	$1,386.08	$1,702.83	$1,018.19	$1,043.82	n/a	n/a	n/a	n/a	n/a

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Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2013 and 2014

Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 322	27	n/a	$645.01	$1,256.65	$1,543.65	$923.38	$988.15	n/a	n/a	n/a	n/a	n/a
	Plan 324	33	n/a	$753.99	$1,510.41	$1,112.81	$1,866.80	$920.47	n/a	n/a	n/a	n/a	n/a
	Plan 325	56	n/a	$495.64	$1,040.84	$644.32	$1,189.50	$806.28	n/a	n/a	n/a	n/a	n/a
	Plan 326	8	n/a	$984.93	$1,975.27	$1,447.62	$2,437.97	$1,100.60	n/a	n/a	n/a	n/a	n/a
	Plan 327	3	n/a	$698.96	$1,354.58	$976.45	$1,632.12	$791.46	n/a	n/a	n/a	n/a	n/a
	Plan 328	4	n/a	(blank)	(blank)	(blank)	(blank)	$0.00	n/a	n/a	n/a	n/a	n/a
	Plan 332	78	n/a	$656.81	$1,379.36	$853.92	$1,576.42	$829.48	n/a	n/a	n/a	n/a	n/a
	Plan 334	17	n/a	$529.81	$1,112.58	$688.74	$1,271.53	$666.93	n/a	n/a	n/a	n/a	n/a
	Plan 335	35	n/a	$426.23	$895.06	$554.11	$1,022.95	$750.16	n/a	n/a	n/a	n/a	n/a
	Plan 336	72	n/a	$667.00	$1,334.00	$934.00	$1,601.00	$802.31	n/a	n/a	n/a	n/a	n/a
	Plan 337	31	n/a	$739.00	$1,478.00	$1,035.00	$1,774.00	$786.74	n/a	n/a	n/a	n/a	n/a
	Plan 338	40	n/a	$610.00	$1,220.00	$853.00	$1,463.00	$798.70	n/a	n/a	n/a	n/a	n/a
	Plan 339	32	n/a	$677.00	$1,355.00	$948.00	$1,626.00	$982.00	n/a	n/a	n/a	n/a	n/a
	Plan 340	43	n/a	$529.00	$1,060.00	$740.00	$1,271.00	$790.05	n/a	n/a	n/a	n/a	n/a
	Plan 341	2	n/a	$593.00	$1,186.00	$830.00	$1,423.00	$1,008.00	n/a	n/a	n/a	n/a	n/a
	Plan 342	16	n/a	$509.00	$1,018.00	$712.00	$1,221.00	$820.50	n/a	n/a	n/a	n/a	n/a
	Plan 343	3	n/a	$563.00	$1,127.00	$789.00	$1,353.00	$1,089.67	n/a	n/a	n/a	n/a	n/a
	Plan 344	886	n/a	(blank)	(blank)	(blank)	(blank)	$0.00	n/a	n/a	n/a	n/a	n/a
	Plan 345	197	n/a	(blank)	(blank)	(blank)	(blank)	$0.00	n/a	n/a	n/a	n/a	n/a
	Plan 346	52	n/a	$432.32	$864.64	$756.56	$1,188.88	$858.40	n/a	n/a	n/a	n/a	n/a
	Plan 347	899	n/a	$539.99	$1,079.98	$944.98	$1,484.97	$994.84	n/a	n/a	n/a	n/a	n/a
	Plan 348	6	n/a	$1,023.28	$1,861.68	$2,287.18	$1,382.73	$1,584.31	n/a	n/a	n/a	n/a	n/a
	Plan 349	2	n/a	$1,063.38	$1,063.38	$1,063.38	$1,063.38	$1,063.38	n/a	n/a	n/a	n/a	n/a
		26,108	n/a	$658.88	$1,214.03	$1,456.28	$884.48	$895.52	n/a	n/a	n/a	n/a	n/a
		3,245	n/a	$728.83	$1,346.03	$1,615.13	$979.53	$920.02	n/a	n/a	n/a	n/a	n/a
	Plan 350	24	n/a	$946.63	$946.63	$946.63	$946.63	$946.63	n/a	n/a	n/a	n/a	n/a
		11,248	n/a	$589.18	$1,086.03	$1,302.93	$791.18	$896.57	n/a	n/a	n/a	n/a	n/a
		743	n/a	$652.28	$1,204.18	$1,444.98	$876.68	$932.07	n/a	n/a	n/a	n/a	n/a
	Plan 351	85	n/a	$1,428.08	$1,428.08	$1,428.08	$1,428.08	$1,428.08	n/a	n/a	n/a	n/a	n/a
		10,245	n/a	$771.43	$1,492.03	$1,798.28	$1,058.18	$1,050.98	n/a	n/a	n/a	n/a	n/a
		721	n/a	$857.63	$1,657.28	$1,997.38	$1,176.08	$1,128.04	n/a	n/a	n/a	n/a	n/a
	Plan 352	3	n/a	$780.88	$1,450.21	$1,063.60	$1,732.93	$875.12	n/a	n/a	n/a	n/a	n/a
		4	n/a	$771.55	$1,433.12	$1,065.69	$1,727.26	$918.62	n/a	n/a	n/a	n/a	n/a
		58	n/a	$790.45	$1,497.96	$1,075.01	$1,782.52	$851.71	n/a	n/a	n/a	n/a	n/a
	Plan 353	2	n/a	$742.25	$1,378.69	$1,025.21	$1,661.65	$883.73	n/a	n/a	n/a	n/a	n/a
	Plan 354	2	n/a	$681.47	$1,265.79	$941.26	$1,525.58	$681.47	n/a	n/a	n/a	n/a	n/a
		4	n/a	$631.85	$1,173.63	$872.72	$1,414.50	$692.07	n/a	n/a	n/a	n/a	n/a

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Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
		10	n/a	$633.67	$1,176.80	$863.10	$1,406.23	$702.50	n/a	n/a	n/a	n/a	n/a
		22	n/a	$645.65	$1,223.55	$878.09	$1,455.99	$745.88	n/a	n/a	n/a	n/a	n/a
		44	n/a	$610.31	$1,177.18	$836.63	$1,403.50	$1,112.52	n/a	n/a	n/a	n/a	n/a
	Plan 358	73	n/a	$923.43	$1,770.75	$1,298.05	$2,145.37	$999.31	n/a	n/a	n/a	n/a	n/a
	Plan 359	1,366	n/a	$546.37	$1,048.81	$851.58	$1,354.02	$812.81	n/a	n/a	n/a	n/a	n/a
	Plan 360	132	n/a	$814.47	$1,561.66	$1,144.89	$1,892.08	$904.16	n/a	n/a	n/a	n/a	n/a
	Plan 361	61	n/a	$370.83	$711.86	$577.98	$919.01	$585.51	n/a	n/a	n/a	n/a	n/a
	Plan 362	16	n/a	$842.10	$1,592.82	$1,162.35	$1,913.07	$975.97	n/a	n/a	n/a	n/a	n/a
		39	n/a	$838.03	$1,591.45	$1,141.03	$1,894.45	$954.15	n/a	n/a	n/a	n/a	n/a
		197	n/a	$849.56	$1,613.45	$1,156.84	$1,920.73	$983.35	n/a	n/a	n/a	n/a	n/a
		334	n/a	$828.07	$1,578.51	$1,131.51	$1,881.95	$924.74	n/a	n/a	n/a	n/a	n/a
	Plan 363	3	n/a	$740.70	$1,403.94	$1,007.46	$1,670.70	$829.62	n/a	n/a	n/a	n/a	n/a
		4	n/a	$738.64	$1,424.14	$1,012.02	$1,697.52	$738.64	n/a	n/a	n/a	n/a	n/a
		7	n/a	$740.12	$1,399.88	$1,021.59	$1,681.35	$1,157.34	n/a	n/a	n/a	n/a	n/a
		11	n/a	$743.02	$1,408.13	$1,010.54	$1,675.65	$767.34	n/a	n/a	n/a	n/a	n/a
		15	n/a	$726.46	$1,376.74	$988.01	$1,638.29	$865.47	n/a	n/a	n/a	n/a	n/a
		17	n/a	$736.75	$1,393.51	$1,016.94	$1,673.70	$1,073.11	n/a	n/a	n/a	n/a	n/a
		23	n/a	$732.64	$1,412.12	$1,003.77	$1,683.25	$815.30	n/a	n/a	n/a	n/a	n/a
		31	n/a	$727.34	$1,378.44	$989.23	$1,640.33	$891.49	n/a	n/a	n/a	n/a	n/a
		67	n/a	$729.77	$1,406.77	$1,003.75	$1,680.75	$953.02	n/a	n/a	n/a	n/a	n/a
		70	n/a	$740.96	$1,407.23	$1,008.93	$1,675.20	$981.30	n/a	n/a	n/a	n/a	n/a
		141	n/a	$754.05	$1,432.22	$1,026.81	$1,704.98	$877.64	n/a	n/a	n/a	n/a	n/a
		206	n/a	$740.00	$1,436.00	$973.00	$1,669.00	$923.84	n/a	n/a	n/a	n/a	n/a
	Plan 364	104	n/a	$534.37	$1,015.31	$727.81	$1,208.75	$788.42	n/a	n/a	n/a	n/a	n/a
	Plan 365	10	n/a	$612.31	$1,180.19	$838.93	$1,406.81	$839.46	n/a	n/a	n/a	n/a	n/a
		11	n/a	$613.91	$1,161.21	$847.38	$1,394.68	$848.07	n/a	n/a	n/a	n/a	n/a
		15	n/a	$604.69	$1,145.96	$822.41	$1,363.68	$829.06	n/a	n/a	n/a	n/a	n/a
		18	n/a	$628.41	$1,190.90	$854.66	$1,417.15	$772.78	n/a	n/a	n/a	n/a	n/a
		20	n/a	$629.34	$1,192.69	$855.93	$1,419.28	$815.50	n/a	n/a	n/a	n/a	n/a
		21	n/a	$616.73	$1,166.53	$851.28	$1,401.08	$840.83	n/a	n/a	n/a	n/a	n/a
		68	n/a	$638.11	$1,212.38	$869.10	$1,443.37	$841.36	n/a	n/a	n/a	n/a	n/a
		126	n/a	$604.37	$1,152.10	$825.84	$1,373.57	$764.30	n/a	n/a	n/a	n/a	n/a
		154	n/a	$619.41	$1,176.98	$843.66	$1,401.23	$826.30	n/a	n/a	n/a	n/a	n/a
	Plan 366	2	n/a	$668.17	$1,263.85	$922.31	$1,517.99	$668.17	n/a	n/a	n/a	n/a	n/a
		7	n/a	$658.04	$1,244.69	$908.30	$1,494.95	$777.60	n/a	n/a	n/a	n/a	n/a
		10	n/a	$671.01	$1,293.36	$919.33	$1,541.68	$919.64	n/a	n/a	n/a	n/a	n/a
		11	n/a	$660.00	$1,250.99	$897.69	$1,488.68	$810.67	n/a	n/a	n/a	n/a	n/a

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Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
		15	n/a	$673.26	$1,275.94	$915.67	$1,518.35	$930.94	n/a	n/a	n/a	n/a	n/a
		18	n/a	$660.48	$1,273.05	$904.91	$1,517.48	$871.21	n/a	n/a	n/a	n/a	n/a
		28	n/a	$656.56	$1,265.65	$903.06	$1,512.15	$731.13	n/a	n/a	n/a	n/a	n/a
		31	n/a	$668.17	$1,266.29	$908.72	$1,506.84	$772.61	n/a	n/a	n/a	n/a	n/a
		87	n/a	$648.00	$1,257.00	$848.00	$1,457.00	$782.47	n/a	n/a	n/a	n/a	n/a
		98	n/a	$683.81	$1,299.24	$931.36	$1,546.79	$808.46	n/a	n/a	n/a	n/a	n/a
		118	n/a	$649.92	$1,238.91	$888.06	$1,477.05	$730.21	n/a	n/a	n/a	n/a	n/a
	Plan 369	14	n/a	$328.59	$599.28	$446.95	$717.64	$495.33	n/a	n/a	n/a	n/a	n/a
	Plan 370	1	n/a	$302.01	$571.25	$416.87	$686.11	$571.25	n/a	n/a	n/a	n/a	n/a
		2	n/a	$297.96	$564.69	$405.23	$671.96	$351.60	n/a	n/a	n/a	n/a	n/a
		2	n/a	$308.48	$571.69	$422.65	$685.86	$628.78	n/a	n/a	n/a	n/a	n/a
		5	n/a	$296.27	$562.91	$403.51	$670.15	$499.15	n/a	n/a	n/a	n/a	n/a
		5	n/a	$302.20	$571.59	$417.12	$686.51	$432.94	n/a	n/a	n/a	n/a	n/a
		5	n/a	$318.50	$604.83	$433.66	$719.99	$639.69	n/a	n/a	n/a	n/a	n/a
	Plan 378	239	n/a	$870.60	$1,629.08	$1,187.86	$1,946.34	$1,011.81	n/a	n/a	n/a	n/a	n/a
	Plan 381	268	n/a	$662.97	$1,242.61	$1,032.36	$1,612.00	$789.29	n/a	n/a	n/a	n/a	n/a
	Plan 383	35	n/a	$709.18	$1,339.45	$1,344.75	$1,975.02	$817.83	n/a	n/a	n/a	n/a	n/a
	Plan 384	394	n/a	$695.88	$1,312.85	$1,314.45	$1,931.42	$962.44	n/a	n/a	n/a	n/a	n/a
	Plan 385	22	n/a	$738.23	$1,392.55	$1,397.32	$2,051.64	$857.63	n/a	n/a	n/a	n/a	n/a
	Plan 386	350	n/a	$724.93	$1,365.95	$1,367.02	$2,008.04	$966.89	n/a	n/a	n/a	n/a	n/a
	Plan 391	351	n/a	$820.55	$1,627.07	$1,160.98	$1,967.50	$996.84	n/a	n/a	n/a	n/a	n/a
	Plan 392	274	n/a	$641.14	$1,247.28	$896.92	$1,503.06	$814.78	n/a	n/a	n/a	n/a	n/a
	Plan 393	13	n/a	$497.96	$966.88	$695.94	$1,164.86	$841.83	n/a	n/a	n/a	n/a	n/a
	Plan 400	435	n/a	$654.12	$1,173.53	$904.91	$1,424.32	$879.61	n/a	n/a	n/a	n/a	n/a
	Plan 401	8	n/a	$351.24	$635.84	$466.60	$751.20	$701.21	n/a	n/a	n/a	n/a	n/a
	Plan 402	9	n/a	$363.64	$695.48	$576.80	$908.64	$555.80	n/a	n/a	n/a	n/a	n/a
	Plan 403	179	n/a	$552.29	$1,037.44	$860.34	$1,345.49	$769.17	n/a	n/a	n/a	n/a	n/a
	Plan 404	63	n/a	$368.73	$705.21	$584.87	$921.35	$598.32	n/a	n/a	n/a	n/a	n/a
	Plan 405	235	n/a	$408.21	$768.82	$769.80	$1,130.41	$666.42	n/a	n/a	n/a	n/a	n/a
	Plan 406	28	n/a	$421.51	$795.42	$800.10	$1,174.01	$569.07	n/a	n/a	n/a	n/a	n/a
	Plan 407	118	n/a	$334.73	$630.43	$631.23	$926.93	$711.16	n/a	n/a	n/a	n/a	n/a
	Plan 408	8	n/a	$348.03	$657.03	$661.53	$970.53	$736.53	n/a	n/a	n/a	n/a	n/a
	Plan 414	151	n/a	$682.20	$1,425.81	$1,227.96	$1,930.63	$803.28	n/a	n/a	n/a	n/a	n/a
	Plan 415	11	n/a	$617.10	$1,289.74	$1,110.78	$1,746.40	$706.86	n/a	n/a	n/a	n/a	n/a
	Plan 416	31	n/a	$539.98	$1,128.57	$971.96	$1,528.15	$817.11	n/a	n/a	n/a	n/a	n/a
	Plan 480	125	n/a	$642.01	$1,213.41	$885.98	$1,450.95	$852.18	n/a	n/a	n/a	n/a	n/a
	Plan 668	557	n/a	$1,330.10	$1,330.10	$1,330.10	$1,330.10	$1,330.10	n/a	n/a	n/a	n/a	n/a

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				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 669	386	n/a	$559.13	$1,084.70	$782.78	$1,308.35	$991.56	n/a	n/a	n/a	n/a	n/a
	Plan 670	1,526	n/a	$617.94	$1,175.25	$865.75	$1,450.10	$838.91	n/a	n/a	n/a	n/a	n/a
	Plan 671	170	n/a	$675.83	$1,312.30	$944.33	$1,580.81	$863.38	n/a	n/a	n/a	n/a	n/a
	Plan 672	165	n/a	$541.41	$1,050.29	$756.83	$1,265.68	$807.64	n/a	n/a	n/a	n/a	n/a
	Plan 673	50	n/a	$1,393.90	$1,393.90	$1,393.90	$1,393.90	$1,393.90	n/a	n/a	n/a	n/a	n/a
	Plan 674	92	n/a	$1,393.90	$1,393.90	$1,393.90	$1,393.90	$1,393.90	n/a	n/a	n/a	n/a	n/a
	Plan 675	443	n/a	$494.00	$957.55	$702.16	$1,165.71	$682.28	n/a	n/a	n/a	n/a	n/a
	Plan 676	117	n/a	$494.00	$957.55	$702.16	$1,165.71	$965.65	n/a	n/a	n/a	n/a	n/a
	Plan 677	1	n/a	$555.48	$1,077.63	$777.67	$1,299.82	$555.48	n/a	n/a	n/a	n/a	n/a
	Plan 680	6	n/a	$555.48	$1,077.63	$777.67	$1,299.82	$555.48	n/a	n/a	n/a	n/a	n/a
	Plan 681	7	n/a	$555.48	$1,077.63	$777.67	$1,299.82	$693.56	n/a	n/a	n/a	n/a	n/a
	Plan 683	8	n/a	$555.48	$1,077.63	$777.67	$1,299.82	$583.25	n/a	n/a	n/a	n/a	n/a
	Plan 685	3	n/a	$494.00	$957.55	$702.16	$1,165.71	$632.77	n/a	n/a	n/a	n/a	n/a
	Plan 686	5	n/a	$642.85	$1,234.75	$912.24	$1,504.17	$761.23	n/a	n/a	n/a	n/a	n/a
	Plan 687	12	n/a	$552.23	$1,071.32	$773.12	$1,292.21	$810.86	n/a	n/a	n/a	n/a	n/a
	Plan 688	52	n/a	$494.00	$957.55	$702.16	$1,165.71	$559.87	n/a	n/a	n/a	n/a	n/a
	Plan 689	62	n/a	$642.85	$1,234.75	$912.24	$1,504.17	$765.31	n/a	n/a	n/a	n/a	n/a
	Plan 690	537	n/a	$642.85	$1,234.75	$912.24	$1,504.17	$796.97	n/a	n/a	n/a	n/a	n/a
	Plan 691	101	n/a	$642.85	$1,234.75	$912.24	$1,504.17	$1,306.33	n/a	n/a	n/a	n/a	n/a
	Plan 706	1	n/a	$940.77	$1,849.12	$2,275.32	$1,354.25	$940.77	n/a	n/a	n/a	n/a	n/a
	Plan 707	1	n/a	(blank)	(blank)	(blank)	(blank)	$0.00	n/a	n/a	n/a	n/a	n/a
	Plan 711	2	n/a	$439.87	$875.35	$808.02	$1,143.64	$1,009.50	n/a	n/a	n/a	n/a	n/a
	Plan 712	1	n/a	$304.44	$587.21	$417.34	$700.11	$304.44	n/a	n/a	n/a	n/a	n/a
		1	n/a	$307.24	$570.69	$424.37	$687.82	$307.24	n/a	n/a	n/a	n/a	n/a
	Plan 714	845	n/a	$65.65	$65.65	$65.65	$65.65	$65.65	n/a	n/a	n/a	n/a	n/a
	Plan 715	725	n/a	$65.65	$65.65	$65.65	$65.65	$65.65	n/a	n/a	n/a	n/a	n/a
	Plan 716	150	n/a	$65.65	$65.65	$65.65	$65.65	$65.65	n/a	n/a	n/a	n/a	n/a
	Plan 717	6	n/a	$65.65	$65.65	$65.65	$65.65	$65.65	n/a	n/a	n/a	n/a	n/a
	Plan 766	78	n/a	$657.00	$1,281.16	$919.81	$1,537.39	$890.83	n/a	n/a	n/a	n/a	n/a
	Plan 767	74	n/a	$589.79	$1,150.10	$825.72	$1,380.11	$811.04	n/a	n/a	n/a	n/a	n/a
TRAD	**Plan 355**	3	n/a	$705.52	$1,310.26	$960.95	$1,565.69	$992.24	n/a	n/a	n/a	n/a	n/a
		7	n/a	$735.70	$1,394.24	$1,000.58	$1,659.12	$773.54	n/a	n/a	n/a	n/a	n/a
	Plan 356	3	n/a	$392.45	$728.84	$534.54	$870.93	$599.31	n/a	n/a	n/a	n/a	n/a
		4	n/a	$420.35	$751.93	$580.60	$912.18	$749.16	n/a	n/a	n/a	n/a	n/a
		7	n/a	$401.10	$760.11	$545.47	$904.48	$565.55	n/a	n/a	n/a	n/a	n/a
		16	n/a	$405.92	$782.94	$556.45	$933.47	$792.17	n/a	n/a	n/a	n/a	n/a
	Plan 357	190	n/a	$736.29	$1,409.73	$1,032.91	$1,706.35	$855.87	n/a	n/a	n/a	n/a	n/a

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A14
Summary of Monthly Premium Rates with Composite Cost
For Plan Years Ending in 2013 and 2014

Plan Type	Health Plan	2013 Employees	2014 Employees	Premiums for the Plan Year-Ending in 2013					Premiums Rates for the Plan Year-Ending in 2014				
				EE	ES	EC	EF	Composite	EE	ES	EC	EF	Composite
	Plan 367	1	n/a	$762.62	$1,442.48	$1,052.63	$1,732.49	$762.62	n/a	n/a	n/a	n/a	n/a
		1	n/a	$766.11	$1,449.08	$1,057.45	$1,740.42	$766.11	n/a	n/a	n/a	n/a	n/a
		1	n/a	$773.20	$1,465.54	$1,051.66	$1,744.00	$773.20	n/a	n/a	n/a	n/a	n/a
		2	n/a	$758.33	$1,437.15	$1,031.35	$1,710.17	$894.84	n/a	n/a	n/a	n/a	n/a
		7	n/a	$764.32	$1,473.16	$1,047.16	$1,756.00	$905.99	n/a	n/a	n/a	n/a	n/a
		9	n/a	$751.11	$1,423.47	$1,021.54	$1,693.90	$781.16	n/a	n/a	n/a	n/a	n/a
		14	n/a	$773.57	$1,491.00	$1,059.88	$1,777.31	$916.96	n/a	n/a	n/a	n/a	n/a
		19	n/a	$776.00	$1,506.00	$1,019.00	$1,749.00	$929.63	n/a	n/a	n/a	n/a	n/a
		25	n/a	$768.51	$1,459.41	$1,046.39	$1,737.29	$895.88	n/a	n/a	n/a	n/a	n/a
		33	n/a	$767.58	$1,457.76	$1,045.19	$1,735.37	$889.21	n/a	n/a	n/a	n/a	n/a
		43	n/a	$758.19	$1,444.63	$1,035.68	$1,722.12	$864.16	n/a	n/a	n/a	n/a	n/a
		59	n/a	$731.52	$1,409.97	$1,002.23	$1,680.68	$837.22	n/a	n/a	n/a	n/a	n/a
	Plan 368	1	n/a	$402.68	$761.66	$555.83	$914.81	$761.66	n/a	n/a	n/a	n/a	n/a
		2	n/a	$398.49	$755.31	$542.01	$898.83	$470.25	n/a	n/a	n/a	n/a	n/a
		2	n/a	$411.30	$762.24	$563.53	$914.47	$762.24	n/a	n/a	n/a	n/a	n/a
		8	n/a	$402.93	$762.12	$556.16	$915.35	$742.35	n/a	n/a	n/a	n/a	n/a
		16	n/a	$390.72	$740.47	$531.39	$881.14	$543.98	n/a	n/a	n/a	n/a	n/a
		17	n/a	$406.53	$770.44	$552.91	$916.82	$586.63	n/a	n/a	n/a	n/a	n/a
		27	n/a	$397.27	$752.90	$540.30	$895.93	$608.45	n/a	n/a	n/a	n/a	n/a
		35	n/a	$400.87	$735.11	$547.77	$882.01	$604.03	n/a	n/a	n/a	n/a	n/a
		38	n/a	$424.66	$806.43	$578.21	$959.98	$662.18	n/a	n/a	n/a	n/a	n/a
		76	n/a	$390.00	$758.00	$512.00	$880.00	$546.26	n/a	n/a	n/a	n/a	n/a
		125	n/a	$395.03	$750.54	$538.02	$893.53	$630.42	n/a	n/a	n/a	n/a	n/a
	Plan 374	273	n/a	$415.24	$741.83	$613.63	$940.22	$679.21	n/a	n/a	n/a	n/a	n/a
	Plan 380	143	n/a	$710.13	$1,328.46	$1,101.27	$1,719.60	$840.64	n/a	n/a	n/a	n/a	n/a
	Plan 397	19	n/a	$438.50	$795.62	$583.06	$940.18	$732.98	n/a	n/a	n/a	n/a	n/a
	Plan 398	212	n/a	$537.27	$972.38	$770.59	$1,205.70	$925.83	n/a	n/a	n/a	n/a	n/a
	Plan 399	638	n/a	$728.33	$1,359.52	$995.08	$1,626.27	$874.13	n/a	n/a	n/a	n/a	n/a
Low		**1**	**n/a**	**$65.65**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
High		**26,108**	**n/a**	**$1,428.08**	**$2,274.42**	**$2,287.18**	**$2,740.30**	**$2,740.30**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Total/Average		**104,519**	**n/a**	**$636.19**	**$1,084.74**	**$1,198.95**	**$946.25**	**$856.16**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15
Summary of Total Monthly Premium Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Aberdeen School District	472	316	32	96	28	$507.26	$1,032.65	$798.43	$1,194.97	$642.90	$303,447
Adna School District	36	12	4	11	9	$650.09	$1,030.63	$935.61	$1,450.34	$979.68	$35,268
Almira School District	21	7	6	3	5	$815.00	$1,076.33	$917.00	$1,100.00	$972.10	$20,414
Anacortes School District	235	116	31	44	44	$638.76	$1,106.84	$781.77	$1,204.19	$833.15	$195,790
Arlington School District	468	213	57	125	73	$696.90	$1,042.05	$831.77	$1,202.95	$853.90	$399,624
Asotin-Anatone School District	70	19	17	3	31	$349.14	$851.88	$767.75	$764.78	$673.24	$47,127
Auburn School District	1,417	794	125	340	158	$656.84	$1,126.41	$844.14	$1,316.78	$816.79	$1,157,390
Bainbridge Island School District	363	184	25	91	63	$725.19	$1,252.21	$914.87	$1,428.90	$931.17	$338,016
Battle Ground School District	1,147	548	131	310	158	$654.29	$1,155.13	$865.84	$1,383.57	$869.12	$996,886
Bellevue School District	2,004	1,017	191	512	284	$637.93	$1,028.19	$823.78	$1,236.76	$807.47	$1,618,172
Bellingham School District	1,106	550	138	289	129	$648.82	$1,026.08	$866.72	$1,283.04	$826.80	$914,443
Benge School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Bethel School District	1,520	878	155	339	148	$640.51	$1,149.19	$856.06	$1,310.91	$805.73	$1,224,713
Bickleton School District	12	0	5	1	6	n/a	$1,145.32	$1,908.87	$1,908.87	$1,590.73	$19,089
Blaine School District	228	101	33	60	34	$798.83	$1,040.48	$933.06	$1,184.97	$926.71	$211,291
Boistfort School District	17	11	4	1	1	$464.94	$1,207.06	$880.80	$916.84	$690.60	$11,740
Bremerton School District	433	263	53	86	31	$715.28	$1,280.73	$1,067.34	$1,473.15	$908.68	$393,457
Brewster School District	106	68	6	23	9	$623.89	$1,169.90	$843.16	$1,087.53	$741.74	$78,624
Bridgeport School District	95	55	7	23	10	$609.26	$858.63	$800.22	$1,078.92	$723.31	$68,714
Brinnon School District	10	7	2	0	1	$551.50	$996.20	n/a	$926.10	$677.90	$6,779
Burlington-Edison School District	414	208	90	116	0	$674.14	$1,302.98	$933.05	n/a	$883.39	$365,723
Camas School District	610	246	70	179	115	$633.18	$1,143.46	$788.15	$1,303.14	$863.51	$526,744
Cape Flattery School District	84	63	5	14	2	$678.35	$1,126.41	$904.39	$1,008.68	$750.56	$63,047
Carbonado School District	20	12	1	5	2	$779.49	$1,420.85	$885.00	$957.20	$855.71	$17,114
Cascade School District	127	63	15	35	14	$607.84	$903.88	$777.16	$1,106.36	$744.43	$94,542
Cashmere School District	131	35	22	18	56	$829.86	$935.70	$901.96	$936.47	$903.11	$118,308
Castle Rock School District	138	79	11	41	7	$650.96	$1,182.95	$859.81	$1,207.26	$783.63	$108,141
Centerville School District	9	1	4	3	1	$673.88	$1,298.94	$1,237.90	$1,532.06	$1,235.05	$11,115
Central Kitsap School District	1,048	545	120	240	143	$618.73	$1,104.38	$773.62	$1,240.52	$794.65	$832,797
Central Valley School District	1,337	700	108	399	130	$688.22	$1,152.31	$890.90	$1,292.56	$844.96	$1,129,706
Centralia School District	369	200	33	98	38	$670.84	$996.84	$786.89	$1,199.69	$785.27	$289,766
Chehalis School District	298	163	27	85	23	$641.03	$1,110.78	$805.71	$1,145.20	$769.48	$229,304
Cheney School District	441	254	37	113	37	$667.48	$1,118.63	$860.35	$1,279.88	$806.13	$355,503
Chewelah School District	94	50	10	25	9	$603.79	$938.79	$803.60	$1,058.18	$736.07	$69,191
Chimacum School District	123	56	20	34	13	$660.51	$1,035.94	$911.72	$1,352.44	$864.13	$106,288
Clarkston School District	287	133	24	94	36	$650.80	$938.87	$818.24	$1,093.05	$785.20	$225,354
Cle Elum-Roslyn School District	97	49	9	21	18	$695.92	$1,238.89	$888.44	$1,397.71	$918.21	$89,066

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15
Summary of Total Monthly Premium Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Clover Park School District	1,263	791	92	288	92	$788.72	$1,331.22	$1,028.69	$1,437.11	$930.18	$1,174,823
Colfax School District	61	32	6	15	8	$732.33	$1,318.23	$898.48	$1,395.40	$917.77	$55,984
College Place School District	103	56	9	26	12	$688.90	$1,057.40	$837.94	$1,405.83	$842.25	$86,751
Colton School District	22	13	1	4	4	$565.45	$926.10	$889.70	$1,096.13	$737.28	$16,220
Columbia (Stevens) School District	29	6	15	2	6	$663.04	$1,049.19	$727.35	$1,160.53	$970.13	$28,134
Columbia (Walla Walla) School District	90	49	8	20	13	$661.57	$1,063.02	$884.82	$1,273.17	$835.20	$75,168
Colville School District	185	105	12	51	17	$646.56	$1,065.06	$775.33	$1,188.09	$758.96	$140,408
Concrete School District	61	40	7	9	5	$692.45	$971.50	$923.31	$1,266.42	$805.58	$49,141
Conway School District	45	26	10	8	1	$661.33	$1,103.31	$744.61	$926.10	$780.24	$35,111
Cosmopolis School District	14	9	0	4	1	$637.49	n/a	$704.03	$926.10	$677.11	$9,480
Coulee-Hartline School District	31	9	8	1	13	$852.89	$1,043.75	$917.00	$1,117.62	$1,015.23	$31,472
Coupeville School District	91	57	10	9	15	$872.99	$1,119.08	$932.68	$1,053.77	$935.73	$85,152
Crescent School District	35	19	4	10	2	$697.25	$798.39	$860.72	$1,077.95	$777.27	$27,204
Creston School District	26	15	2	7	2	$678.15	$1,135.20	$863.04	$994.75	$787.44	$20,473
Curlew School District	27	12	5	5	5	$724.02	$1,052.14	$848.65	$1,510.29	$953.47	$25,744
Cusick School District	44	21	8	7	8	$748.74	$1,007.60	$701.20	$1,053.49	$843.65	$37,121
Damman School District	4	3	1	0	0	$820.31	$900.55	n/a	n/a	$840.37	$3,361
Darrington School District	52	10	15	13	14	$884.50	$980.75	$959.68	$1,010.07	$964.87	$50,173
Davenport School District	62	17	11	24	10	$698.88	$1,018.48	$842.81	$1,323.28	$912.00	$56,544
Dayton School District	53	25	2	14	12	$611.82	$1,107.00	$933.74	$1,267.65	$864.03	$45,794
Deer Park School District	232	121	17	70	24	$609.06	$935.65	$799.65	$1,182.80	$749.85	$173,965
Dieringer School District	138	70	19	35	14	$618.57	$953.41	$719.68	$1,029.88	$732.04	$101,022
Dixie School District	7	4	0	3	0	$55.41	n/a	$740.34	n/a	$348.95	$2,443
East Valley School District (Spokane)	436	248	46	93	49	$660.97	$1,096.68	$821.82	$1,225.69	$804.72	$350,856
East Valley School District (Yakima)	289	149	29	79	32	$725.68	$1,315.19	$885.13	$1,546.24	$919.28	$265,671
Eastmont School District	554	281	48	176	49	$651.78	$985.12	$840.54	$1,210.66	$790.06	$437,692
Easton School District	21	9	6	3	3	$809.44	$942.33	$917.00	$1,038.67	$895.52	$18,806
Eatonville School District	186	89	21	55	21	$628.41	$1,152.81	$829.93	$1,192.54	$810.90	$150,827
Edmonds School District	1,897	1,092	163	437	205	$727.47	$1,141.24	$884.27	$1,366.36	$868.19	$1,646,954
Ellensburg School District	318	159	35	93	31	$659.01	$1,043.39	$828.01	$1,146.57	$798.27	$253,850
Elma School District	182	106	16	39	21	$658.41	$1,015.89	$863.77	$1,032.40	$776.99	$141,413
Endicott School District	24	8	3	7	6	$587.49	$881.05	$844.71	$979.00	$797.09	$19,130
Entiat School District	42	12	6	15	9	$685.43	$859.58	$854.75	$946.18	$826.65	$34,720
Enumclaw School District	407	253	26	84	44	$698.94	$1,407.71	$913.87	$1,398.39	$864.19	$351,725
Ephrata School District	239	107	25	71	36	$631.37	$939.13	$786.12	$1,112.66	$782.03	$186,905
Evaline School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Everett School District	1,577	619	284	284	390	$820.71	$1,564.31	$1,127.14	$1,777.25	$1,246.36	$1,965,516

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15
Summary of Total Monthly Premium Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Evergreen School District (Clark)	2,287	1,197	266	562	262	$645.26	$1,046.38	$921.17	$1,497.74	$857.37	$1,960,815
Evergreen School District (Stevens)	6	5	1	0	0	$373.64	$773.15	n/a	n/a	$440.23	$2,641
Federal Way School District	2,208	1,455	138	479	136	$711.24	$1,223.93	$944.84	$1,394.23	$836.03	$1,845,954
Ferndale School District	470	247	57	100	66	$620.22	$1,013.28	$785.72	$1,274.67	$795.00	$373,652
Fife School District	316	152	30	102	32	$656.37	$1,123.05	$865.95	$1,311.38	$834.65	$263,751
Finley School District	103	56	11	22	14	$663.83	$1,004.63	$831.16	$1,076.07	$792.00	$81,576
Franklin Pierce School District	809	493	82	153	81	$688.21	$1,056.16	$854.25	$1,256.16	$813.77	$658,342
Freeman School District	92	47	7	29	9	$639.75	$1,009.10	$798.24	$1,170.48	$769.73	$70,815
Garfield School District	24	11	1	7	5	$597.07	$1,463.89	$670.44	$1,345.92	$810.60	$19,454
Glenwood School District	20	16	1	3	0	$644.84	$1,379.30	$927.90	n/a	$724.02	$14,480
Goldendale School District	97	51	21	6	19	$663.25	$1,187.11	$1,182.79	$1,526.49	$977.89	$94,855
Grand Coulee Dam School District	105	59	11	26	9	$605.51	$1,165.41	$782.50	$1,150.94	$754.74	$79,248
Grandview School District	359	175	41	107	36	$670.53	$1,156.15	$852.16	$1,422.82	$855.56	$307,147
Granger School District	178	85	19	50	24	$664.97	$1,255.43	$872.47	$1,524.65	$902.20	$160,591
Granite Falls School District	171	85	19	42	25	$680.27	$1,205.43	$930.92	$1,377.60	$902.14	$154,265
Grapeview School District	22	11	3	6	2	$588.87	$985.22	$793.60	$1,461.50	$778.08	$17,118
Great Northern School District	4	4	0	0	0	$664.10	n/a	n/a	n/a	$664.10	$2,656
Green Mountain School District	19	9	4	2	4	$636.00	$884.68	$504.55	$821.73	$713.62	$13,559
Griffin School District	73	35	9	17	12	$627.67	$926.74	$707.28	$889.48	$726.12	$53,007
Harrington School District	28	8	7	2	11	$803.93	$1,010.20	$788.88	$1,024.45	$941.06	$26,350
Highland School District	138	80	16	33	9	$652.77	$1,199.43	$873.28	$1,220.29	$805.89	$111,213
Highline School District	2,135	1,394	175	432	134	$729.53	$1,121.95	$929.57	$1,407.75	$844.74	$1,803,520
Hockinson School District	158	73	21	43	21	$671.31	$1,057.37	$936.56	$1,285.09	$876.39	$138,469
Hood Canal School District	41	28	7	6	0	$626.56	$1,055.22	$673.23	n/a	$706.58	$28,970
Hoquiam School District	181	99	19	44	19	$648.23	$1,041.42	$834.44	$1,269.26	$799.96	$144,793
Inchelium School District	41	29	5	6	1	$672.84	$964.01	$648.07	$926.10	$710.90	$29,147
Index School District	5	4	0	1	0	$632.36	n/a	$565.00	n/a	$618.89	$3,094
Issaquah School District	1,674	1,019	117	373	165	$631.74	$1,066.84	$806.74	$1,222.37	$759.36	$1,271,171
Kahlotus School District	19	9	1	4	5	$588.03	$773.15	$889.70	$1,140.26	$806.61	$15,326
Kalama School District	68	29	11	17	11	$676.34	$1,082.35	$914.24	$1,307.49	$903.59	$61,444
Keller School District	11	9	0	2	0	$626.54	n/a	$1,185.78	n/a	$728.22	$8,010
Kelso School District	466	266	43	107	50	$660.04	$1,080.96	$852.55	$1,293.87	$811.09	$377,970
Kennewick School District	1,584	828	161	389	206	$697.79	$1,221.42	$886.76	$1,373.41	$885.29	$1,402,292
Kent School District	2,292	1,381	202	521	188	$652.71	$1,087.79	$885.98	$1,326.83	$799.37	$1,832,160
Kettle Falls School District	82	42	11	17	12	$646.76	$1,006.84	$832.22	$1,231.92	$819.15	$67,170
Kiona-Benton City School District	149	80	12	44	13	$658.56	$1,049.22	$804.30	$1,414.02	$798.97	$119,047
Kittitas School District	74	18	13	11	32	$868.72	$927.38	$917.82	$1,003.88	$944.77	$69,913

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15
Summary of Total Monthly Premium Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Klickitat School District	20	13	2	3	2	$660.86	$1,256.85	$927.90	$1,642.07	$858.64	$17,173
La Center School District	83	29	14	21	19	$907.22	$1,247.02	$1,426.78	$1,495.64	$1,230.69	$102,147
La Conner School District	87	41	10	22	14	$621.94	$1,039.23	$899.07	$1,140.31	$823.40	$71,636
LaCrosse School District	22	6	8	2	6	$595.31	$1,014.82	$884.21	$1,092.11	$909.61	$20,012
Lake Chelan School District	166	65	18	50	33	$569.25	$643.17	$657.61	$723.79	$634.60	$105,344
Lake Quinault School District	16	8	4	3	1	$678.17	$1,219.25	$947.60	$1,461.50	$912.92	$14,607
Lake Stevens School District	357	187	18	100	52	$708.92	$1,233.12	$900.53	$1,376.06	$886.20	$316,372
Lake Washington School District	2,272	1,312	197	492	271	$646.95	$1,114.19	$840.13	$1,286.20	$805.54	$1,830,192
Lakewood School District	219	104	26	55	34	$565.56	$954.34	$649.40	$888.14	$682.85	$149,544
Lamont School District	8	4	1	2	1	$776.65	$773.15	$976.55	$926.10	$844.87	$6,759
Liberty School District	62	30	8	14	10	$666.64	$952.95	$910.87	$1,237.02	$850.73	$52,745
Lind School District	32	17	2	8	5	$611.47	$806.66	$774.43	$917.07	$712.16	$22,789
Longview School District	686	395	55	180	56	$669.91	$1,139.73	$840.06	$1,158.32	$792.09	$543,375
Loon Lake School District	15	7	0	8	0	$717.03	n/a	$593.93	n/a	$651.37	$9,771
Lopez School District	48	22	9	4	13	$488.36	$922.23	$779.11	$1,264.53	$804.15	$38,599
Lyle School District	29	18	8	2	1	$652.03	$1,298.94	$1,044.26	$1,752.07	$895.47	$25,969
Lynden School District	301	161	29	75	36	$564.69	$879.44	$790.87	$1,161.78	$722.78	$217,558
Mabton School District	97	57	9	25	6	$691.30	$1,342.81	$978.00	$1,222.68	$858.51	$83,276
Mansfield School District	22	4	5	2	11	$859.00	$946.00	$917.00	$998.73	$953.91	$20,986
Manson School District	92	48	9	23	12	$582.65	$910.32	$801.77	$1,214.52	$751.90	$69,175
Mary M Knight School District	25	11	3	4	7	$638.58	$921.85	$770.78	$1,374.71	$899.84	$22,496
Mary Walker School District	71	26	16	19	10	$612.39	$917.01	$848.84	$994.70	$798.16	$56,669
Marysville School District	1,013	526	91	296	100	$712.34	$1,062.35	$907.75	$1,353.27	$864.15	$875,385
McCleary School District	39	26	2	8	3	$696.60	$1,322.21	$768.09	$1,077.42	$772.64	$30,133
Mead School District	935	486	89	239	121	$719.15	$1,201.98	$933.09	$1,377.78	$905.03	$846,205
Medical Lake School District	184	98	15	46	25	$670.27	$1,013.74	$854.26	$1,204.18	$816.81	$150,293
Mercer Island School District	316	173	25	65	53	$655.81	$1,155.10	$828.76	$1,280.38	$835.64	$264,061
Meridian School District	164	88	28	33	15	$631.55	$1,137.88	$902.38	$1,183.76	$823.00	$134,972
Methow Valley School District	69	30	15	13	11	$632.91	$1,035.21	$756.65	$1,307.96	$851.29	$58,739
Mill A School District	7	1	2	0	4	$558.95	$86.28	n/a	$1,546.55	$988.25	$6,918
Monroe School District	539	288	60	134	57	$662.75	$1,023.05	$836.29	$1,203.89	$803.22	$432,938
Montesano School District	136	69	12	41	14	$625.94	$1,085.44	$732.82	$1,335.82	$771.78	$104,962
Morton School District	37	17	5	11	4	$697.21	$1,249.25	$929.48	$1,155.46	$890.40	$32,945
Moses Lake School District	811	423	86	239	63	$680.24	$1,086.10	$883.03	$1,389.03	$838.10	$679,702
Mossyrock School District	64	35	9	14	6	$611.69	$1,023.76	$726.56	$1,079.01	$738.58	$47,269
Mount Adams School District	133	81	11	30	11	$653.76	$770.96	$759.21	$755.07	$695.62	$92,517
Mount Baker School District	225	104	41	47	33	$641.64	$1,006.58	$843.90	$1,189.61	$830.76	$186,921

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15
Summary of Total Monthly Premium Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Mount Pleasant School District	4	3	1	0	0	$960.22	$1,868.35	n/a	n/a	$1,187.25	$4,749
Mount Vernon School District	737	414	67	184	72	$665.96	$1,082.98	$873.73	$1,266.21	$814.38	$600,201
Mukilteo School District	1,330	746	127	315	142	$719.81	$1,229.15	$983.70	$1,456.22	$909.57	$1,209,725
Naches Valley School District	115	60	13	36	6	$652.31	$1,123.02	$775.69	$1,047.12	$764.74	$87,945
Napavine School District	78	45	6	21	6	$632.74	$879.18	$757.59	$891.31	$705.20	$55,006
Naselle-Grays River Valley School District	55	16	14	15	10	$707.57	$1,198.93	$797.51	$1,212.67	$949.01	$52,195
Nespelem School District	22	12	3	7	0	$719.18	$1,163.22	$844.71	n/a	$819.67	$18,033
Newport School District	120	66	15	33	6	$623.15	$1,046.84	$774.54	$1,125.39	$742.85	$89,143
Nine Mile Falls School District	147	39	16	17	75	$637.79	$945.98	$782.84	$990.19	$867.90	$127,582
Nooksack Valley School District	198	97	20	43	38	$588.62	$1,025.83	$871.22	$1,307.30	$832.09	$164,753
North Beach School District	80	48	14	9	9	$678.51	$1,151.88	$962.75	$1,378.96	$872.13	$69,770
North Franklin School District	239	112	31	61	35	$620.05	$907.65	$793.17	$1,045.04	$763.78	$182,543
North Kitsap School District	578	323	58	143	54	$645.22	$1,090.28	$782.72	$1,182.59	$774.10	$447,432
North Mason School District	217	117	26	50	24	$633.58	$1,081.44	$883.68	$759.15	$758.76	$164,650
North River School District	19	16	1	1	1	$664.13	$621.60	$796.40	$621.60	$666.62	$12,666
North Thurston Public Schools	1,298	634	121	420	123	$644.33	$1,136.13	$835.09	$1,207.41	$805.26	$1,045,225
Northport School District	34	20	4	3	7	$657.88	$996.21	$889.70	$1,175.53	$824.71	$28,040
Northshore School District	1,907	1,010	259	396	242	$619.13	$948.76	$774.07	$1,257.95	$777.14	$1,482,009
Oak Harbor School District	465	250	57	95	63	$671.08	$1,079.65	$833.70	$1,137.32	$817.55	$380,162
Oakesdale School District	21	5	5	6	5	$564.32	$851.70	$672.80	$1,124.23	$797.05	$16,738
Oakville School District	45	23	1	17	4	$638.21	$900.55	$789.51	$1,129.48	$744.87	$33,519
Ocean Beach School District	111	73	10	23	5	$662.56	$1,028.01	$879.93	$1,293.08	$768.93	$85,351
Ocosta School District	90	47	8	25	10	$683.00	$1,253.46	$891.26	$1,266.59	$856.40	$77,076
Odessa School District	42	13	11	16	2	$647.87	$858.34	$741.58	$965.05	$753.79	$31,659
Okanogan School District	128	78	10	33	7	$633.19	$1,013.53	$867.30	$1,297.87	$759.61	$97,230
Olympia School District	898	524	79	200	95	$637.71	$1,112.87	$818.12	$1,180.59	$777.12	$697,857
Omak School District	301	162	27	93	19	$645.77	$1,023.38	$779.69	$1,157.59	$753.33	$226,752
Onalaska School District	88	33	16	25	14	$568.68	$883.68	$681.24	$1,106.38	$743.47	$65,426
Onion Creek School District	11	3	5	0	3	$859.00	$946.00	n/a	$1,004.00	$938.09	$10,319
Orcas Island School District	84	33	17	18	16	$627.82	$1,019.46	$760.26	$1,144.30	$833.84	$70,042
Orchard Prairie School District	9	7	0	1	1	$708.34	n/a	$1,068.29	$1,068.29	$788.33	$7,095
Orient School District	14	8	3	1	2	$591.43	$1,129.85	$917.00	$1,004.00	$789.00	$11,046
Orondo School District	32	17	5	8	2	$621.08	$1,130.03	$754.66	$1,461.50	$786.53	$25,169
Oroville School District	77	42	10	17	8	$652.43	$1,007.54	$830.88	$1,390.26	$814.60	$62,724
Orting School District	195	110	15	48	22	$671.50	$1,005.40	$858.96	$1,039.70	$784.87	$153,050
Othello School District	430	238	32	127	33	$605.31	$1,025.72	$770.39	$1,159.42	$727.88	$312,987
Palisades School District	7	0	3	3	1	n/a	$946.00	$897.67	$1,004.00	$933.57	$6,535

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Palouse School District	24	8	7	5	4	$696.86	$1,270.86	$728.38	$1,155.46	$947.28	$22,735
Pasco School District	1,686	936	127	460	163	$718.60	$1,183.17	$903.36	$1,398.63	$869.75	$1,466,393
Pateros School District	40	26	2	6	6	$552.78	$1,135.20	$707.20	$873.18	$653.12	$26,125
Paterson School District	15	10	0	3	2	$540.42	n/a	$827.50	$926.10	$649.26	$9,739
Pe Ell School District	44	28	5	6	5	$597.46	$1,040.81	$765.92	$1,205.59	$739.92	$32,557
Peninsula School District	782	466	71	155	90	$654.26	$1,184.27	$858.91	$1,409.19	$829.83	$648,928
Pioneer School District	88	56	9	14	9	$637.12	$1,092.69	$906.54	$1,242.82	$788.52	$69,390
Pomeroy School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a
Port Angeles School District	401	214	45	90	52	$639.61	$1,014.89	$830.76	$1,108.22	$785.39	$314,941
Port Townsend School District	135	64	24	30	17	$638.49	$1,058.97	$840.11	$1,159.70	$823.68	$111,197
Prescott School District	36	23	4	7	2	$736.12	$1,131.38	$802.96	$1,518.52	$836.50	$30,114
Prosser School District	306	146	22	101	37	$648.48	$1,068.50	$854.08	$1,399.64	$837.37	$256,234
Pullman School District	234	136	16	65	17	$675.15	$976.56	$802.82	$1,190.34	$768.65	$179,864
Puyallup School District	1,657	988	154	275	240	$667.88	$1,154.59	$990.04	$1,405.25	$873.38	$1,447,190
Queets-Clearwater School District	12	6	1	4	1	$579.79	$773.15	$565.00	$926.10	$619.83	$7,438
Quilcene School District	21	16	0	5	0	$809.60	n/a	$1,077.02	n/a	$873.27	$18,339
Quillayute Valley School District	164	103	12	33	16	$653.70	$1,165.92	$792.55	$1,301.10	$782.28	$128,294
Quincy School District	295	169	14	76	36	$730.49	$1,153.79	$921.36	$1,367.09	$877.44	$258,845
Rainier School District	82	45	11	18	8	$634.45	$1,247.13	$866.31	$1,274.67	$830.00	$68,060
Raymond School District	71	43	4	20	4	$656.43	$1,213.16	$877.07	$1,035.98	$771.33	$54,765
Reardan-Edwall School District	63	33	10	14	6	$621.48	$1,146.95	$807.77	$1,295.59	$810.48	$51,061
Renton School District	1,460	882	124	327	127	$644.73	$1,072.87	$837.10	$1,274.09	$778.92	$1,137,228
Republic School District	39	18	9	6	6	$586.65	$990.62	$837.82	$1,143.09	$804.12	$31,361
Richland School District	1,034	599	63	270	102	$647.82	$1,089.72	$830.43	$1,253.30	$782.15	$808,748
Ridgefield School District	122	43	23	38	18	$632.11	$994.07	$853.42	$1,259.82	$861.89	$105,151
Ritzville School District	38	9	5	12	12	$816.22	$948.80	$917.00	$1,004.00	$924.79	$35,142
Riverside School District	160	87	27	30	16	$685.67	$1,192.95	$918.46	$1,314.36	$877.79	$140,447
Riverview School District	289	167	35	61	26	$658.64	$1,094.52	$790.13	$1,176.10	$785.74	$227,079
Rochester School District	213	103	19	68	23	$728.79	$1,136.97	$830.61	$1,268.38	$855.97	$182,323
Roosevelt School District	6	6	0	0	0	$664.10	n/a	n/a	n/a	$664.10	$3,985
Rosalia School District	36	18	9	5	4	$618.68	$985.25	$801.41	$1,059.95	$784.73	$28,250
Royal School District	187	115	9	42	21	$620.31	$1,085.21	$798.68	$1,122.75	$739.17	$138,225
San Juan Island School District	88	45	11	13	19	$619.58	$1,097.05	$758.00	$1,146.10	$813.39	$71,579
Satsop School District	6	4	0	1	1	$604.23	n/a	$889.70	$1,461.50	$794.68	$4,768
Seattle Public Schools	5,396	3,034	549	1,261	552	$630.92	$1,094.63	$841.29	$1,283.30	$794.00	$4,284,421
Sedro-Woolley School District	455	251	47	107	50	$728.45	$1,054.15	$859.67	$1,176.41	$842.18	$383,190
Selah School District	356	191	40	99	26	$684.33	$1,208.65	$851.72	$1,541.06	$852.36	$303,442

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15
Summary of Total Monthly Premium Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Selkirk School District	30	11	7	5	7	$689.00	$1,133.13	$779.64	$1,226.98	$933.26	$27,998
Sequim School District	268	131	35	57	45	$613.55	$867.77	$738.37	$1,003.57	$738.79	$197,995
Shaw Island School District	5	2	2	0	1	$600.63	$942.83	n/a	$926.10	$802.60	$4,013
Shelton School District	499	309	51	98	41	$661.34	$1,045.67	$840.81	$1,203.26	$780.39	$389,417
Shoreline School District	850	455	91	190	114	$654.83	$1,134.04	$861.53	$1,234.26	$830.05	$705,544
Skamania School District	12	4	3	2	3	$736.54	$900.28	$1,400.40	$766.09	$895.51	$10,746
Skykomish School District	17	10	4	3	0	$635.06	$854.43	$820.92	n/a	$719.47	$12,231
Snohomish School District	846	396	91	234	125	$667.85	$1,141.46	$884.14	$1,335.41	$877.26	$742,159
Snoqualmie Valley School District	502	282	49	103	68	$686.94	$1,340.62	$922.17	$1,493.69	$908.29	$455,961
Soap Lake School District	59	29	8	18	4	$679.61	$1,084.45	$745.93	$1,240.96	$792.80	$46,775
South Bend School District	55	28	4	20	3	$659.18	$1,187.25	$836.82	$1,231.92	$793.42	$43,638
South Kitsap School District	823	454	80	217	72	$724.52	$1,156.91	$888.91	$1,200.63	$851.55	$700,825
South Whidbey School District	159	83	22	30	24	$623.12	$1,141.93	$838.06	$1,313.96	$839.74	$133,518
Southside School District	19	9	1	7	2	$486.93	$1,219.25	$830.45	$926.10	$698.26	$13,267
Spokane School District	3,047	1,380	217	670	780	$678.31	$1,186.30	$880.44	$1,266.86	$909.60	$2,771,538
Sprague School District	20	8	4	4	4	$528.48	$1,200.34	$851.95	$1,193.80	$860.61	$17,212
St. John School District	25	7	4	9	5	$821.33	$935.00	$939.56	$1,033.60	$924.53	$23,113
Stanwood-Camano School District	415	216	40	102	57	$665.11	$1,180.10	$855.59	$1,254.88	$842.57	$349,665
Star School District	2	1	0	0	1	$699.41	n/a	n/a	$913.53	$806.47	$1,613
Starbuck School District	5	3	1	1	0	$664.10	$1,219.25	$926.10	n/a	$827.53	$4,138
Stehekin School District	1	0	1	0	0	n/a	$1,497.25	n/a	n/a	$1,497.25	$1,497
Steilacoom Hist. School District	242	143	21	59	19	$664.93	$1,081.58	$874.71	$1,210.93	$795.10	$192,413
Steptoe School District	8	1	3	0	4	$848.00	$956.67	n/a	$1,108.00	$1,018.75	$8,150
Stevenson-Carson School District	108	63	19	6	20	$622.62	$1,161.80	$1,082.90	$1,494.37	$904.48	$97,684
Sultan School District	193	97	16	46	34	$668.66	$939.52	$832.08	$1,150.53	$814.95	$157,286
Summit Valley School District	17	12	1	4	0	$412.30	$1,221.77	$1,086.86	n/a	$618.63	$10,517
Sumner School District	759	410	59	113	177	$616.18	$899.35	$636.85	$1,000.32	$730.85	$554,717
Sunnyside School District	748	426	55	229	38	$690.48	$1,117.52	$835.43	$1,282.74	$796.34	$595,665
Tacoma School District	2,850	1,160	516	492	682	$732.08	$1,370.37	$1,009.09	$1,563.45	$1,094.41	$3,119,067
Taholah School District	36	20	5	7	4	$755.99	$1,135.35	$1,020.95	$1,658.48	$960.47	$34,577
Tahoma School District	703	385	47	198	73	$664.95	$1,210.13	$868.24	$1,123.92	$806.32	$566,840
Tekoa School District	29	10	1	12	6	$575.98	$948.20	$712.68	$1,259.88	$786.87	$22,819
Tenino School District	115	62	16	27	10	$651.07	$1,124.11	$801.46	$1,123.07	$793.23	$91,222
Thorp School District	20	8	5	5	2	$590.88	$1,286.94	$881.98	$1,078.95	$886.48	$17,730
Toledo School District	72	38	4	20	10	$635.73	$1,059.54	$806.42	$1,312.24	$800.65	$57,647
Tonasket School District	126	60	16	29	21	$643.51	$989.58	$809.07	$1,201.72	$818.60	$103,143
Toppenish School District	384	188	48	106	42	$676.78	$1,073.54	$857.33	$1,421.08	$857.62	$329,327

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15
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Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Touchet School District	30	17	5	4	4	$1,150.36	$1,163.48	$1,168.47	$1,323.19	$1,178.00	$35,340
Toutle Lake School District	70	38	7	14	11	$654.41	$960.42	$848.75	$1,068.71	$788.98	$55,229
Trout Lake School District	21	12	4	1	4	$673.88	$1,089.17	$1,237.90	$1,697.07	$974.73	$20,469
Tukwila School District	83	58	6	15	4	$764.15	$1,082.65	$956.72	$1,290.94	$847.36	$70,331
Tumwater School District	649	373	49	170	57	$727.54	$1,193.55	$927.53	$1,313.72	$866.59	$562,417
Union Gap School District	76	47	10	16	3	$599.62	$1,015.21	$732.95	$1,104.57	$702.30	$53,375
University Place School District	501	296	36	116	53	$639.12	$1,090.86	$843.43	$1,225.84	$780.95	$391,257
Valley School District	77	46	9	9	13	$631.91	$825.41	$688.58	$994.86	$722.43	$55,627
Vancouver School District	2,247	1,233	186	614	214	$657.13	$1,140.20	$866.97	$1,301.16	$815.80	$1,833,094
Vashon Island School District	139	71	16	31	21	$683.68	$1,129.79	$808.87	$1,310.57	$857.66	$119,215
Wahkiakum School District	48	10	12	6	20	$828.20	$956.50	$923.17	$1,015.60	$950.23	$45,611
Wahluke School District	259	158	25	42	34	$719.69	$1,115.35	$988.46	$1,230.87	$868.57	$224,959
Waitsburg School District	39	21	5	10	3	$624.13	$1,193.65	$773.63	$726.28	$743.34	$28,990
Walla Walla Public Schools	711	378	56	212	65	$655.88	$1,045.79	$882.05	$1,230.98	$806.60	$573,495
Wapato School District	379	185	37	123	34	$644.94	$1,011.65	$768.45	$1,420.70	$790.41	$299,566
Warden School District	80	20	20	12	28	$857.85	$940.50	$917.00	$998.61	$936.65	$74,932
Washougal School District	295	207	30	30	28	$731.99	$1,264.35	$977.34	$1,522.55	$886.12	$261,405
Washtucna School District	23	12	3	5	3	$705.62	$1,311.92	$741.16	$1,283.03	$867.74	$19,958
Waterville School District	34	13	6	11	4	$592.79	$900.52	$770.45	$1,145.45	$769.59	$26,166
Wellpinit School District	66	44	1	17	4	$587.54	$1,219.25	$772.25	$1,022.97	$671.08	$44,291
Wenatchee School District	826	444	69	232	81	$625.42	$1,056.84	$795.11	$1,252.38	$770.60	$636,515
West Valley School District (Spokane)	403	209	55	93	46	$726.62	$1,404.50	$956.09	$1,556.60	$966.83	$389,632
West Valley School District (Yakima)	483	224	40	162	57	$720.47	$1,055.32	$879.92	$1,248.85	$864.04	$417,330
White Pass School District	51	36	2	10	3	$623.98	$1,135.20	$792.72	$1,283.03	$715.88	$36,510
White River School District	248	135	16	62	35	$643.15	$1,033.46	$838.90	$1,155.42	$789.57	$195,812
White Salmon Valley School District	116	70	18	8	20	$627.14	$1,156.61	$956.99	$1,436.55	$871.60	$101,106
Wilbur School District	38	19	9	7	3	$735.84	$1,025.53	$908.00	$1,108.72	$865.60	$32,893
Willapa Valley School District	39	27	1	5	6	$648.93	$1,219.25	$713.08	$1,382.83	$784.68	$30,603
Wilson Creek School District	29	16	0	6	7	$557.06	n/a	$683.09	$674.59	$611.50	$17,734
Winlock School District	81	46	12	14	9	$469.53	$1,024.54	$828.14	$1,227.47	$697.95	$56,534
Wishkah Valley School District	24	18	2	3	1	$633.67	$1,219.25	$791.27	$1,308.15	$730.27	$17,527
Wishram School District	20	10	3	1	6	$448.55	$773.15	$565.00	$1,015.33	$673.10	$13,462
Woodland School District	258	151	21	65	21	$650.47	$1,129.42	$835.55	$1,276.46	$787.04	$203,055
Yakima School District	1,696	850	168	526	152	$756.90	$1,199.22	$989.18	$1,421.89	$932.35	$1,581,271
Yelm School District	516	304	50	114	48	$673.54	$1,178.76	$903.81	$1,308.16	$832.40	$429,519
Zillah School District	137	69	12	47	9	$611.74	$874.72	$725.52	$1,055.34	$702.95	$96,304

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A15
Summary of Total Monthly Premium Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Premium Rates PEPM					Total Monthly Premium
		EE	ES	EC	EF	EE	ES	EC	EF	Composite	
Low	0	0	0	0	0	$55.41	$86.28	$504.55	$621.60	$348.95	$1,497
High	5,396	3,034	549	1,261	780	$1,150.36	$1,868.35	$1,908.87	$1,908.87	$1,590.73	$4,284,421
Total/Average	101,273	54,557	10,248	24,206	12,262	$670.52	$1,129.77	$869.72	$1,305.22	$841.46	$85,216,732

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16
Summary of Monthly Payroll Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Aberdeen School District	472	316	32	96	28	$15.16	$278.82	$105.93	$419.48	$75.48
Adna School District	36	12	4	11	9	$86.77	$408.43	$361.04	$614.23	$338.18
Almira School District	21	7	6	3	5	$56.88	$178.00	$99.33	$214.46	$135.07
Anacortes School District	235	116	31	44	44	$18.73	$355.35	$98.51	$415.23	$152.31
Arlington School District	468	213	57	125	73	$42.03	$307.18	$150.59	$360.10	$152.93
Asotin-Anatone School District	70	19	17	3	31	$3.17	$59.59	$15.93	$37.18	$32.48
Auburn School District	1,417	794	125	340	158	$74.30	$521.88	$249.98	$690.62	$224.66
Bainbridge Island School District	363	184	25	91	63	$93.88	$576.98	$239.65	$742.65	$276.29
Battle Ground School District	1,147	548	131	310	158	$26.81	$421.40	$188.17	$618.57	$197.00
Bellevue School District	2,004	1,017	191	512	284	$44.11	$294.31	$132.60	$459.86	$149.49
Bellingham School District	1,106	550	138	289	129	$76.32	$376.23	$237.67	$627.62	$220.20
Benge School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Bethel School District	1,520	878	155	339	148	$40.15	$344.26	$109.92	$398.40	$121.60
Bickleton School District	12	0	5	1	6	n/a	$367.54	$612.56	$612.56	$510.47
Blaine School District	228	101	33	60	34	$671.93	$819.77	$792.71	$824.02	$747.79
Boistfort School District	17	11	4	1	1	$11.44	$540.03	$254.79	$302.71	$167.26
Bremerton School District	433	263	53	86	31	$39.19	$518.83	$352.00	$752.03	$211.06
Brewster School District	106	68	6	23	9	$23.96	$498.67	$173.59	$326.04	$108.95
Bridgeport School District	95	55	7	23	10	$57.26	$295.99	$214.64	$490.68	$158.58
Brinnon School District	10	7	2	0	1	$33.63	$302.81	n/a	$286.02	$112.70
Burlington-Edison School District	414	208	90	116	0	$60.32	$620.65	$250.30	n/a	$235.36
Camas School District	610	246	70	179	115	$35.54	$360.70	$125.34	$398.53	$167.64
Cape Flattery School District	84	63	5	14	2	$36.25	$267.18	$199.94	$329.06	$84.25
Carbonado School District	20	12	1	5	2	$15.98	$560.65	$105.78	$109.38	$75.01
Cascade School District	127	63	15	35	14	$67.04	$243.10	$182.06	$522.45	$169.73
Cashmere School District	131	35	22	18	56	$121.26	$196.41	$161.78	$237.34	$189.07
Castle Rock School District	138	79	11	41	7	$21.19	$373.11	$137.46	$422.87	$104.16
Centerville School District	9	1	4	3	1	$0.00	$146.87	$346.79	$0.00	$180.87
Central Kitsap School District	1,048	545	120	240	143	$52.21	$438.90	$186.16	$467.90	$183.89
Central Valley School District	1,337	700	108	399	130	$63.61	$492.12	$251.50	$630.05	$209.38
Centralia School District	369	200	33	98	38	$41.45	$277.37	$150.17	$490.67	$137.68
Chehalis School District	298	163	27	85	23	$23.59	$334.97	$101.03	$385.08	$101.79

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16
Summary of Monthly Payroll Rates by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Cheney School District	441	254	37	113	37	$82.76	$295.82	$173.73	$435.46	$153.54
Chewelah School District	94	50	10	25	9	$90.23	$237.08	$169.46	$393.32	$155.94
Chimacum School District	123	56	20	34	13	$59.99	$304.84	$235.97	$686.03	$214.61
Clarkston School District	287	133	24	94	36	$7.02	$202.85	$97.10	$342.48	$94.98
Cle Elum-Roslyn School District	97	49	9	21	18	$68.92	$599.73	$184.42	$684.95	$257.49
Clover Park School District	1,263	791	92	288	92	$77.05	$581.89	$321.87	$726.29	$216.94
Colfax School District	61	32	6	15	8	$68.95	$340.70	$218.06	$584.64	$199.98
College Place School District	103	56	9	26	12	$58.33	$450.63	$207.83	$633.67	$197.38
Colton School District	22	13	1	4	4	$19.14	$405.95	$76.78	$631.03	$158.45
Columbia (Stevens) School District	29	6	15	2	6	$56.95	$352.47	$203.09	$196.44	$248.74
Columbia (Walla Walla) School District	90	49	8	20	13	$18.06	$179.56	$179.05	$357.97	$117.29
Colville School District	185	105	12	51	17	$15.41	$463.96	$123.26	$485.21	$117.41
Concrete School District	61	40	7	9	5	$63.67	$388.95	$266.21	$615.76	$176.13
Conway School District	45	26	10	8	1	$15.69	$390.06	$62.15	$47.44	$107.85
Cosmopolis School District	14	9	0	4	1	$9.93	n/a	$324.20	$287.78	$119.57
Coulee-Hartline School District	31	9	8	1	13	$81.32	$207.99	$135.00	$236.96	$181.01
Coupeville School District	91	57	10	9	15	$106.69	$155.10	$75.37	$208.29	$125.66
Crescent School District	35	19	4	10	2	$6.02	$31.05	$99.69	$318.95	$53.53
Creston School District	26	15	2	7	2	$97.92	$83.05	$272.24	$387.69	$166.00
Curlew School District	27	12	5	5	5	$35.78	$235.21	$110.29	$434.42	$160.33
Cusick School District	44	21	8	7	8	$39.49	$169.80	$104.79	$270.67	$115.60
Damman School District	4	3	1	0	0	$131.08	$900.55	n/a	n/a	$323.45
Darrington School District	52	10	15	13	14	$76.70	$181.89	$119.01	$216.11	$155.15
Davenport School District	62	17	11	24	10	$93.86	$337.80	$177.94	$717.15	$270.22
Dayton School District	53	25	2	14	12	$89.00	$626.25	$304.65	$603.07	$282.63
Deer Park School District	232	121	17	70	24	$27.99	$267.47	$108.07	$444.71	$112.81
Dieringer School District	138	70	19	35	14	$8.35	$169.57	$10.95	$115.72	$42.10
Dixie School District	7	4	0	3	0	$55.41	n/a	$150.74	n/a	$96.26
East Valley School District (Spokane)	436	248	46	93	49	$35.83	$408.18	$156.36	$535.94	$157.03
East Valley School District (Yakima)	289	149	29	79	32	$103.30	$456.20	$285.39	$550.88	$238.05
Eastmont School District	554	281	48	176	49	$9.12	$201.84	$119.26	$376.37	$93.29
Easton School District	21	9	6	3	3	$27.44	$160.33	$135.00	$256.67	$113.52

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Eatonville School District	186	89	21	55	21	$51.11	$281.92	$40.73	$332.26	$105.84
Edmonds School District	1,897	1,092	163	437	205	$50.39	$370.30	$130.67	$572.21	$152.76
Ellensburg School District	318	159	35	93	31	$64.89	$449.73	$215.35	$517.34	$195.36
Elma School District	182	106	16	39	21	$0.89	$95.14	$18.74	$126.40	$27.49
Endicott School District	24	8	3	7	6	$42.98	$172.24	$156.18	$290.69	$154.08
Entiat School District	42	12	6	15	9	$71.89	$95.51	$95.78	$178.80	$106.71
Enumclaw School District	407	253	26	84	44	$61.11	$698.22	$279.16	$553.06	$200.00
Ephrata School District	239	107	25	71	36	$22.81	$232.10	$144.37	$454.49	$145.84
Evaline School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Everett School District	1,577	619	284	284	390	$143.86	$297.52	$216.62	$329.58	$230.57
Evergreen School District (Clark)	2,287	1,197	266	562	262	$37.27	$304.87	$229.59	$632.71	$183.87
Evergreen School District (Stevens)	6	5	1	0	0	$0.00	$0.00	n/a	n/a	$0.00
Federal Way School District	2,208	1,455	138	479	136	$76.16	$556.84	$285.55	$744.94	$192.82
Ferndale School District	470	247	57	100	66	$17.48	$205.49	$93.73	$404.36	$110.83
Fife School District	316	152	30	102	32	$112.07	$240.41	$159.77	$365.84	$165.35
Finley School District	103	56	11	22	14	$46.47	$218.97	$160.30	$435.55	$142.09
Franklin Pierce School District	809	493	82	153	81	$43.75	$348.47	$189.51	$518.05	$149.69
Freeman School District	92	47	7	29	9	$62.38	$338.77	$170.15	$447.41	$155.05
Garfield School District	24	11	1	7	5	$177.25	$816.01	$76.25	$618.68	$266.37
Glenwood School District	20	16	1	3	0	$42.63	$754.86	$284.92	n/a	$114.58
Goldendale School District	97	51	21	6	19	$17.35	$288.72	$380.24	$600.25	$212.72
Grand Coulee Dam School District	105	59	11	26	9	$27.04	$539.04	$167.83	$466.29	$153.19
Grandview School District	359	175	41	107	36	$66.30	$352.58	$163.73	$346.98	$156.18
Granger School District	178	85	19	50	24	$52.12	$446.60	$197.62	$383.32	$179.76
Granite Falls School District	171	85	19	42	25	$14.18	$259.39	$147.69	$192.79	$100.33
Grapeview School District	22	11	3	6	2	$11.17	$458.65	$101.97	$831.40	$171.52
Great Northern School District	4	4	0	0	0	$18.75	n/a	n/a	n/a	$18.75
Green Mountain School District	19	9	4	2	4	$34.52	$227.26	$0.00	$233.56	$113.37
Griffin School District	73	35	9	17	12	$77.27	$396.72	$148.81	$353.09	$178.65
Harrington School District	28	8	7	2	11	$156.51	$434.80	$68.08	$267.65	$263.43
Highland School District	138	80	16	33	9	$54.72	$514.56	$232.46	$568.85	$184.07
Highline School District	2,135	1,394	175	432	134	$70.52	$499.54	$263.86	$730.60	$186.24

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District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Hockinson School District	158	73	21	43	21	$8.37	$212.65	$89.80	$457.39	$117.36
Hood Canal School District	41	28	7	6	0	$32.82	$181.90	$47.94	n/a	$60.49
Hoquiam School District	181	99	19	44	19	$19.14	$370.55	$113.78	$385.24	$117.46
Inchelium School District	41	29	5	6	1	$29.40	$310.86	$119.70	$275.49	$82.94
Index School District	5	4	0	1	0	$91.00	n/a	$2.00	n/a	$73.20
Issaquah School District	1,674	1,019	117	373	165	$23.58	$366.26	$125.61	$513.71	$118.57
Kahlotus School District	19	9	1	4	5	$15.87	$145.60	$131.08	$512.71	$177.70
Kalama School District	68	29	11	17	11	$40.56	$346.31	$168.48	$542.97	$203.27
Keller School District	11	9	0	2	0	$17.95	n/a	$381.37	n/a	$84.03
Kelso School District	466	266	43	107	50	$55.41	$384.21	$212.29	$617.97	$182.13
Kennewick School District	1,584	828	161	389	206	$86.26	$414.68	$180.88	$484.49	$194.67
Kent School District	2,292	1,381	202	521	188	$12.64	$299.72	$148.12	$544.61	$112.37
Kettle Falls School District	82	42	11	17	12	$38.83	$259.76	$167.49	$210.26	$120.23
Kiona-Benton City School District	149	80	12	44	13	$12.01	$298.49	$124.05	$670.54	$125.62
Kittitas School District	74	18	13	11	32	$86.61	$145.38	$135.82	$221.88	$162.74
Klickitat School District	20	13	2	3	2	$65.70	$132.64	$362.05	$378.28	$148.10
La Center School District	83	29	14	21	19	$121.16	$453.43	$537.95	$641.10	$401.68
La Conner School District	87	41	10	22	14	$29.27	$363.89	$192.71	$447.95	$176.44
LaCrosse School District	22	6	8	2	6	$54.38	$397.65	$101.92	$547.41	$317.99
Lake Chelan School District	166	65	18	50	33	$39.33	$104.64	$17.42	$101.40	$52.15
Lake Quinault School District	16	8	4	3	1	$11.03	$261.27	$350.93	$0.00	$136.63
Lake Stevens School District	357	187	18	100	52	$39.12	$456.47	$195.90	$452.34	$164.27
Lake Washington School District	2,272	1,312	197	492	271	$36.67	$422.75	$185.80	$556.67	$164.47
Lakewood School District	219	104	26	55	34	$16.14	$244.30	$100.97	$299.70	$108.56
Lamont School District	8	4	1	2	1	$123.74	$163.50	$366.90	$316.45	$213.59
Liberty School District	62	30	8	14	10	$88.63	$381.98	$203.18	$538.28	$224.87
Lind School District	32	17	2	8	5	$84.16	$284.59	$94.79	$126.18	$105.91
Longview School District	686	395	55	180	56	$14.14	$417.89	$154.35	$469.26	$120.45
Loon Lake School District	15	7	0	8	0	$70.23	n/a	$44.95	n/a	$56.75
Lopez School District	48	22	9	4	13	$80.07	$322.26	$214.76	$324.23	$202.83
Lyle School District	29	18	8	2	1	$52.36	$387.33	$347.96	$1,083.82	$200.72
Lynden School District	301	161	29	75	36	$22.61	$170.67	$139.02	$380.26	$108.66

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Mabton School District	97	57	9	25	6	$24.67	$556.28	$197.44	$473.23	$146.27
Mansfield School District	22	4	5	2	11	$127.10	$176.16	$127.50	$209.93	$179.70
Manson School District	92	48	9	23	12	$3.31	$151.70	$82.09	$498.50	$102.11
Mary M Knight School District	25	11	3	4	7	$9.61	$235.70	$152.80	$498.15	$196.44
Mary Walker School District	71	26	16	19	10	$54.35	$214.27	$154.49	$226.70	$141.46
Marysville School District	1,013	526	91	296	100	$30.02	$306.94	$164.19	$520.77	$142.55
McCleary School District	39	26	2	8	3	$43.69	$548.09	$171.17	$6.17	$92.82
Mead School District	935	486	89	239	121	$135.95	$578.64	$308.10	$738.54	$300.07
Medical Lake School District	184	98	15	46	25	$62.76	$161.06	$103.18	$276.73	$109.95
Mercer Island School District	316	173	25	65	53	$79.94	$444.39	$244.33	$560.19	$223.13
Meridian School District	164	88	28	33	15	$36.97	$401.84	$202.05	$357.70	$161.82
Methow Valley School District	69	30	15	13	11	$29.53	$303.52	$118.36	$384.07	$162.35
Mill A School District	7	1	2	0	4	$5.04	$0.00	n/a	$307.11	$176.21
Monroe School District	539	288	60	134	57	$19.98	$231.98	$71.05	$380.64	$94.42
Montesano School District	136	69	12	41	14	$10.27	$217.73	$106.13	$249.91	$82.14
Morton School District	37	17	5	11	4	$55.58	$511.13	$215.62	$286.14	$189.65
Moses Lake School District	811	423	86	239	63	$20.85	$324.84	$169.61	$685.12	$148.52
Mossyrock School District	64	35	9	14	6	$35.44	$370.01	$91.71	$426.45	$131.45
Mount Adams School District	133	81	11	30	11	$17.59	$94.27	$72.26	$95.89	$42.74
Mount Baker School District	225	104	41	47	33	$28.67	$224.49	$83.75	$339.33	$121.42
Mount Pleasant School District	4	3	1	0	0	$93.43	$977.15	n/a	n/a	$314.36
Mount Vernon School District	737	414	67	184	72	$36.13	$342.18	$157.64	$467.52	$136.44
Mukilteo School District	1,330	746	127	315	142	$32.63	$439.06	$213.99	$550.85	$169.72
Naches Valley School District	115	60	13	36	6	$32.18	$440.74	$158.94	$392.56	$136.85
Napavine School District	78	45	6	21	6	$17.32	$120.02	$117.14	$109.91	$59.22
Naselle-Grays River Valley School District	55	16	14	15	10	$53.57	$92.34	$130.43	$335.71	$135.70
Nespelem School District	22	12	3	7	0	$93.90	$511.23	$224.86	n/a	$192.48
Newport School District	120	66	15	33	6	$61.45	$439.48	$202.51	$518.01	$170.32
Nine Mile Falls School District	147	39	16	17	75	$48.38	$231.36	$147.82	$343.02	$230.12
Nooksack Valley School District	198	97	20	43	38	$26.88	$280.81	$135.55	$506.48	$168.17
North Beach School District	80	48	14	9	9	$62.79	$346.29	$287.96	$297.55	$164.15
North Franklin School District	239	112	31	61	35	$11.50	$210.55	$138.12	$369.52	$122.06

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North Kitsap School District	578	323	58	143	54	$15.49	$359.35	$129.54	$490.17	$122.56
North Mason School District	217	117	26	50	24	$23.30	$438.97	$184.43	$375.09	$149.14
North River School District	19	16	1	1	1	$60.45	$793.85	$174.80	$0.00	$101.89
North Thurston Public Schools	1,298	634	121	420	123	$65.21	$451.28	$183.24	$546.32	$184.98
Northport School District	34	20	4	3	7	$9.93	$102.80	$33.13	$127.19	$47.05
Northshore School District	1,907	1,010	259	396	242	$42.11	$249.83	$123.75	$479.08	$142.73
Oak Harbor School District	465	250	57	95	63	$6.30	$195.85	$64.79	$298.49	$81.07
Oakesdale School District	21	5	5	6	5	$122.34	$215.11	$54.60	$375.31	$185.31
Oakville School District	45	23	1	17	4	$49.82	$186.53	$88.81	$350.40	$94.31
Ocean Beach School District	111	73	10	23	5	$41.47	$290.90	$191.80	$596.72	$120.10
Ocosta School District	90	47	8	25	10	$109.39	$582.05	$252.92	$600.59	$245.85
Odessa School District	42	13	11	16	2	$20.93	$232.58	$110.70	$197.26	$118.95
Okanogan School District	128	78	10	33	7	$34.81	$237.52	$241.13	$486.21	$128.52
Olympia School District	898	524	79	200	95	$25.46	$359.91	$152.72	$465.46	$129.77
Omak School District	301	162	27	93	19	$70.63	$416.07	$177.69	$523.59	$163.29
Onalaska School District	88	33	16	25	14	$24.88	$256.28	$98.97	$416.74	$150.34
Onion Creek School District	11	3	5	0	3	$91.00	$178.00	n/a	$236.00	$170.09
Orcas Island School District	84	33	17	18	16	$138.91	$415.26	$203.46	$490.40	$275.62
Orchard Prairie School District	9	7	0	1	1	$20.91	n/a	$163.25	$163.25	$52.54
Orient School District	14	8	3	1	2	$81.43	$435.42	$135.00	$222.00	$181.19
Orondo School District	32	17	5	8	2	$79.63	$498.03	$198.12	$862.49	$223.56
Oroville School District	77	42	10	17	8	$25.51	$172.19	$58.78	$119.56	$61.67
Orting School District	195	110	15	48	22	$24.24	$285.98	$188.92	$301.40	$116.18
Othello School District	430	238	32	127	33	$18.23	$340.63	$115.49	$215.59	$86.09
Palisades School District	7	0	3	3	1	n/a	$164.00	$115.67	$222.00	$151.57
Palouse School District	24	8	7	5	4	$125.83	$608.59	$196.41	$403.74	$327.66
Pasco School District	1,686	936	127	460	163	$101.80	$498.10	$248.94	$534.31	$213.61
Pateros School District	40	26	2	6	6	$7.76	$367.20	$60.85	$147.46	$54.65
Paterson School District	15	10	0	3	2	$26.29	n/a	$70.63	$255.93	$65.78
Pe Ell School District	44	28	5	6	5	$11.37	$293.38	$108.53	$244.70	$83.18
Peninsula School District	782	466	71	155	90	$55.06	$507.45	$234.26	$674.34	$202.93
Pioneer School District	88	56	9	14	9	$40.59	$519.39	$276.28	$603.31	$184.60

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Pomeroy School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Port Angeles School District	401	214	45	90	52	$40.08	$350.91	$185.94	$442.28	$159.85
Port Townsend School District	135	64	24	30	17	$11.12	$232.22	$106.62	$381.21	$118.25
Prescott School District	36	23	4	7	2	$117.96	$518.06	$304.23	$792.90	$236.13
Prosser School District	306	146	22	101	37	$20.27	$308.16	$141.75	$511.16	$140.42
Pullman School District	234	136	16	65	17	$38.77	$210.30	$128.92	$446.67	$105.18
Puyallup School District	1,657	988	154	275	240	$107.92	$441.55	$412.66	$500.44	$246.36
Queets-Clearwater School District	12	6	1	4	1	$6.05	$0.00	$0.00	$0.00	$3.03
Quilcene School District	21	16	0	5	0	$133.91	n/a	$384.69	n/a	$193.62
Quillayute Valley School District	164	103	12	33	16	$49.06	$505.00	$179.31	$681.44	$170.33
Quincy School District	295	169	14	76	36	$39.43	$350.73	$109.66	$480.87	$126.17
Rainier School District	82	45	11	18	8	$31.26	$419.03	$213.69	$636.31	$182.35
Raymond School District	71	43	4	20	4	$1.22	$343.44	$109.38	$331.55	$69.58
Reardan-Edwall School District	63	33	10	14	6	$36.51	$362.54	$154.97	$514.88	$160.14
Renton School District	1,460	882	124	327	127	$27.05	$379.85	$164.09	$597.81	$137.35
Republic School District	39	18	9	6	6	$61.85	$369.57	$274.15	$220.13	$189.88
Richland School District	1,034	599	63	270	102	$37.19	$429.70	$197.98	$599.28	$158.54
Ridgefield School District	122	43	23	38	18	$14.03	$234.26	$117.31	$415.60	$146.97
Ritzville School District	38	9	5	12	12	$34.22	$235.88	$149.99	$254.58	$166.90
Riverside School District	160	87	27	30	16	$49.58	$546.95	$266.77	$651.74	$234.45
Riverview School District	289	167	35	61	26	$71.17	$427.36	$230.25	$559.58	$191.83
Rochester School District	213	103	19	68	23	$125.44	$411.98	$150.65	$447.59	$193.84
Roosevelt School District	6	6	0	0	0	$0.00	n/a	n/a	n/a	$0.00
Rosalia School District	36	18	9	5	4	$72.39	$447.95	$222.09	$546.25	$239.72
Royal School District	187	115	9	42	21	$35.70	$330.79	$169.91	$468.99	$128.70
San Juan Island School District	88	45	11	13	19	$49.13	$370.66	$179.22	$407.19	$185.85
Satsop School District	6	4	0	1	1	$30.22	n/a	$44.49	$575.56	$123.49
Seattle Public Schools	5,396	3,034	549	1,261	552	$18.08	$405.07	$161.70	$606.63	$151.22
Sedro-Woolley School District	455	251	47	107	50	$121.43	$403.73	$238.59	$527.60	$222.78
Selah School District	356	191	40	99	26	$65.61	$540.51	$213.10	$867.88	$218.58
Selkirk School District	30	11	7	5	7	$77.71	$283.18	$138.90	$337.69	$196.51
Sequim School District	268	131	35	57	45	$36.31	$122.48	$71.49	$155.46	$75.05

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Shaw Island School District	5	2	2	0	1	$24.63	$555.37	n/a	$158.12	$263.62
Shelton School District	499	309	51	98	41	$52.95	$369.71	$207.87	$547.56	$156.39
Shoreline School District	850	455	91	190	114	$29.18	$371.51	$184.44	$466.16	$159.14
Skamania School District	12	4	3	2	3	$104.71	$402.37	$790.00	$221.07	$322.43
Skykomish School District	17	10	4	3	0	$15.00	$120.65	$116.61	n/a	$57.79
Snohomish School District	846	396	91	234	125	$53.20	$321.39	$107.15	$462.29	$157.42
Snoqualmie Valley School District	502	282	49	103	68	$70.31	$589.12	$240.75	$726.62	$244.83
Soap Lake School District	59	29	8	18	4	$24.62	$278.89	$118.78	$519.11	$121.35
South Bend School District	55	28	4	20	3	$58.57	$547.00	$187.63	$591.63	$170.10
South Kitsap School District	823	454	80	217	72	$46.29	$362.92	$169.20	$472.21	$146.74
South Whidbey School District	159	83	22	30	24	$29.81	$442.55	$139.33	$617.12	$196.24
Southside School District	19	9	1	7	2	$37.31	$383.04	$192.21	$261.26	$136.15
Spokane School District	3,047	1,380	217	670	780	$75.00	$413.32	$234.63	$444.21	$228.71
Sprague School District	20	8	4	4	4	$46.17	$317.45	$231.17	$554.19	$239.03
St. John School District	25	7	4	9	5	$82.89	$259.49	$171.56	$372.72	$201.03
Stanwood-Camano School District	415	216	40	102	57	$22.59	$380.18	$149.83	$333.51	$131.03
Star School District	2	1	0	0	1	$47.39	n/a	n/a	$170.65	$109.02
Starbuck School District	5	3	1	1	0	$18.75	$573.90	$280.75	n/a	$182.18
Stehekin School District	1	0	1	0	0	n/a	$0.00	n/a	n/a	$0.00
Steilacoom Hist. School District	242	143	21	59	19	$5.28	$168.68	$101.11	$255.60	$62.48
Steptoe School District	8	1	3	0	4	$249.00	$312.80	n/a	$416.80	$356.83
Stevenson-Carson School District	108	63	19	6	20	$10.26	$212.19	$213.66	$631.54	$172.14
Sultan School District	193	97	16	46	34	$87.06	$292.60	$212.12	$496.89	$206.10
Summit Valley School District	17	12	1	4	0	$55.39	$611.98	$318.86	n/a	$150.13
Sumner School District	759	410	59	113	177	$50.44	$294.13	$66.48	$360.29	$144.03
Sunnyside School District	748	426	55	229	38	$73.68	$412.85	$185.15	$587.79	$158.86
Tacoma School District	2,850	1,160	516	492	682	$638.20	$1,160.91	$854.25	$1,330.02	$935.69
Taholah School District	36	20	5	7	4	$101.23	$381.39	$278.06	$980.67	$272.24
Tahoma School District	703	385	47	198	73	$37.81	$494.08	$193.71	$442.82	$154.28
Tekoa School District	29	10	1	12	6	$73.34	$948.20	$118.89	$368.67	$183.46
Tenino School District	115	62	16	27	10	$9.02	$248.97	$22.74	$165.01	$59.19
Thorp School District	20	8	5	5	2	$29.01	$584.65	$205.18	$389.45	$248.01

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Toledo School District	72	38	4	20	10	$80.64	$338.32	$132.92	$633.10	$186.21
Tonasket School District	126	60	16	29	21	$47.36	$288.24	$142.51	$326.90	$146.44
Toppenish School District	384	188	48	106	42	$21.21	$197.38	$144.31	$248.34	$102.05
Touchet School District	30	17	5	4	4	$22.90	$0.00	$0.00	$0.00	$12.98
Toutle Lake School District	70	38	7	14	11	$67.22	$337.22	$219.57	$423.98	$180.75
Trout Lake School District	21	12	4	1	4	$1.12	$169.24	$366.95	$641.19	$172.48
Tukwila School District	83	58	6	15	4	$89.79	$418.28	$236.50	$500.71	$159.85
Tumwater School District	649	373	49	170	57	$66.89	$475.00	$246.18	$601.31	$191.60
Union Gap School District	76	47	10	16	3	$48.61	$342.92	$164.94	$436.91	$127.15
University Place School District	501	296	36	116	53	$27.82	$431.52	$176.79	$601.02	$151.96
Valley School District	77	46	9	9	13	$33.08	$69.27	$45.77	$185.12	$64.46
Vancouver School District	2,247	1,233	186	614	214	$30.48	$448.94	$221.53	$647.04	$176.04
Vashon Island School District	139	71	16	31	21	$15.90	$211.40	$112.73	$471.94	$128.90
Wahkiakum School District	48	10	12	6	20	$14.04	$72.14	$96.23	$167.79	$102.90
Wahluke School District	259	158	25	42	34	$61.46	$269.60	$178.64	$382.99	$142.76
Waitsburg School District	39	21	5	10	3	$47.19	$519.93	$132.86	$312.41	$150.17
Walla Walla Public Schools	711	378	56	212	65	$44.23	$292.97	$133.85	$469.03	$129.38
Wapato School District	379	185	37	123	34	$16.36	$155.43	$105.49	$218.91	$77.04
Warden School District	80	20	20	12	28	$101.08	$187.17	$173.58	$237.03	$181.06
Washougal School District	295	207	30	30	28	$82.16	$556.58	$315.24	$853.07	$227.28
Washtucna School District	23	12	3	5	3	$150.24	$661.69	$241.19	$791.84	$320.41
Waterville School District	34	13	6	11	4	$66.67	$270.75	$186.75	$448.74	$186.48
Wellpinit School District	66	44	1	17	4	$20.71	$441.07	$69.12	$73.96	$42.77
Wenatchee School District	826	444	69	232	81	$20.10	$362.32	$148.58	$562.03	$137.92
West Valley School District (Spokane)	403	209	55	93	46	$74.34	$412.50	$154.40	$409.90	$177.27
West Valley School District (Yakima)	483	224	40	162	57	$74.64	$333.42	$217.06	$512.29	$195.48
White Pass School District	51	36	2	10	3	$29.27	$306.11	$176.73	$444.07	$93.44
White River School District	248	135	16	62	35	$15.71	$283.88	$151.68	$428.34	$125.24
White Salmon Valley School District	116	70	18	8	20	$27.16	$305.98	$297.90	$564.33	$181.71
Wilbur School District	38	19	9	7	3	$79.28	$252.64	$218.21	$354.68	$167.67
Willapa Valley School District	39	27	1	5	6	$46.65	$526.11	$101.25	$363.10	$114.63
Wilson Creek School District	29	16	0	6	7	$0.00	n/a	$0.00	$0.00	$0.00

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A16
Summary of Monthly Payroll Rates by District with Composite Cost By District

Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End Payroll Rates PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Winlock School District	81	46	12	14	9	$14.53	$306.97	$129.01	$560.52	$138.31
Wishkah Valley School District	24	18	2	3	1	$35.08	$631.19	$215.01	$1,265.84	$158.53
Wishram School District	20	10	3	1	6	$5.00	$0.00	$0.00	$12.50	$6.25
Woodland School District	258	151	21	65	21	$26.97	$409.62	$129.43	$541.14	$125.78
Yakima School District	1,696	850	168	526	152	$37.07	$456.78	$247.38	$644.09	$198.28
Yelm School District	516	304	50	114	48	$25.96	$370.59	$164.37	$407.50	$125.43
Zillah School District	137	69	12	47	9	$19.71	$255.59	$85.30	$305.75	$81.67
Low	**0**	**0**	**0**	**0**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
High	**5,396**	**3,034**	**549**	**1,261**	**780**	**$671.93**	**$1,160.91**	**$854.25**	**$1,330.02**	**$935.69**
Total/Average	**101,273**	**54,557**	**10,248**	**24,206**	**12,262**	**$61.98**	**$413.51**	**$200.10**	**$544.25**	**$188.96**

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17
Summary of District Monthly Contributions by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Aberdeen School District	472	316	32	96	28	$492.10	$753.83	$692.50	$775.49	$567.41
Adna School District	36	12	4	11	9	$563.33	$622.20	$574.57	$836.11	$641.50
Almira School District	21	7	6	3	5	$758.12	$898.33	$817.67	$885.54	$837.02
Anacortes School District	235	116	31	44	44	$620.03	$751.49	$683.26	$788.96	$680.84
Arlington School District	468	213	57	125	73	$654.87	$734.86	$681.18	$842.85	$700.96
Asotin-Anatone School District	70	19	17	3	31	$189.18	$593.55	$301.36	$522.52	$439.81
Auburn School District	1,417	794	125	340	158	$582.54	$604.53	$594.16	$626.16	$592.13
Bainbridge Island School District	363	184	25	91	63	$631.32	$675.24	$675.22	$686.26	$654.88
Battle Ground School District	1,147	548	131	310	158	$627.47	$733.73	$677.67	$765.00	$672.12
Bellevue School District	2,004	1,017	191	512	284	$593.84	$733.87	$691.18	$776.90	$658.00
Bellingham School District	1,106	550	138	289	129	$572.50	$649.85	$629.05	$655.42	$606.60
Benge School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Bethel School District	1,520	878	155	339	148	$600.36	$804.93	$746.14	$912.51	$684.13
Bickleton School District	12	0	5	1	6	n/a	$1,475.85	$1,296.31	$1,296.31	$1,371.12
Blaine School District	228	101	33	60	34	$126.91	$220.72	$140.36	$360.95	$178.93
Boistfort School District	17	11	4	1	1	$453.51	$667.04	$626.01	$614.13	$523.35
Bremerton School District	433	263	53	86	31	$676.10	$761.90	$715.34	$721.12	$697.62
Brewster School District	106	68	6	23	9	$599.93	$671.23	$669.56	$761.49	$632.79
Bridgeport School District	95	55	7	23	10	$557.83	$562.64	$585.57	$588.24	$568.10
Brinnon School District	10	7	2	0	1	$517.87	$693.40	n/a	$640.08	$565.20
Burlington-Edison School District	414	208	90	116	0	$613.82	$682.33	$682.75	n/a	$648.02
Camas School District	610	246	70	179	115	$597.64	$782.75	$662.81	$904.62	$695.88
Cape Flattery School District	84	63	5	14	2	$648.84	$859.23	$706.37	$679.62	$671.68
Carbonado School District	20	12	1	5	2	$763.51	$860.20	$779.22	$847.83	$780.70
Cascade School District	127	63	15	35	14	$540.80	$660.78	$595.11	$583.91	$574.69
Cashmere School District	131	35	22	18	56	$708.60	$739.29	$740.19	$699.13	$714.04
Castle Rock School District	138	79	11	41	7	$629.77	$809.84	$722.35	$784.40	$679.47
Centerville School District	9	1	4	3	1	$673.88	$1,152.08	$891.11	$1,532.06	$1,054.17
Central Kitsap School District	1,048	545	120	240	143	$566.52	$665.48	$587.46	$772.61	$610.77
Central Valley School District	1,337	700	108	399	130	$624.61	$660.19	$639.40	$662.51	$635.58
Centralia School District	369	200	33	98	38	$629.39	$719.47	$636.71	$709.02	$647.59
Chehalis School District	298	163	27	85	23	$617.44	$775.81	$705.12	$760.13	$667.81

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17
Summary of District Monthly Contributions by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Cheney School District	441	254	37	113	37	$584.71	$822.81	$686.61	$844.58	$652.60
Chewelah School District	94	50	10	25	9	$513.56	$701.71	$634.14	$664.86	$580.13
Chimacum School District	123	56	20	34	13	$600.52	$731.11	$675.75	$666.41	$649.52
Clarkston School District	287	133	24	94	36	$643.78	$736.02	$721.14	$750.57	$690.23
Cle Elum-Roslyn School District	97	49	9	21	18	$627.00	$639.16	$704.02	$712.76	$660.72
Clover Park School District	1,263	791	92	288	92	$711.67	$749.34	$706.82	$710.81	$713.24
Colfax School District	61	32	6	15	8	$663.38	$977.53	$680.42	$810.77	$717.80
College Place School District	103	56	9	26	12	$630.57	$606.77	$630.11	$772.17	$644.87
Colton School District	22	13	1	4	4	$546.31	$520.15	$812.92	$465.10	$578.83
Columbia (Stevens) School District	29	6	15	2	6	$606.09	$696.72	$524.27	$964.08	$721.39
Columbia (Walla Walla) School District	90	49	8	20	13	$643.50	$883.46	$705.77	$915.20	$717.91
Colville School District	185	105	12	51	17	$631.14	$601.10	$652.07	$702.88	$641.55
Concrete School District	61	40	7	9	5	$628.79	$582.54	$657.11	$650.66	$629.45
Conway School District	45	26	10	8	1	$645.56	$719.25	$682.46	$878.66	$673.68
Cosmopolis School District	14	9	0	4	1	$627.56	n/a	$379.83	$638.32	$557.55
Coulee-Hartline School District	31	9	8	1	13	$771.57	$835.76	$782.00	$880.65	$834.22
Coupeville School District	91	57	10	9	15	$766.29	$963.98	$857.31	$845.48	$810.07
Crescent School District	35	19	4	10	2	$691.97	$767.59	$761.43	$759.00	$724.29
Creston School District	26	15	2	7	2	$580.23	$1,052.16	$590.80	$607.06	$621.44
Curlew School District	27	12	5	5	5	$688.24	$816.93	$738.36	$1,075.87	$793.14
Cusick School District	44	21	8	7	8	$709.25	$837.81	$596.41	$782.82	$728.05
Damman School District	4	3	1	0	0	$689.23	$0.00	n/a	n/a	$516.92
Darrington School District	52	10	15	13	14	$807.80	$798.86	$840.66	$793.96	$809.71
Davenport School District	62	17	11	24	10	$605.02	$680.67	$664.87	$606.12	$641.79
Dayton School District	53	25	2	14	12	$522.81	$480.75	$629.09	$664.58	$581.40
Deer Park School District	232	121	17	70	24	$581.07	$668.17	$691.58	$738.09	$637.04
Dieringer School District	138	70	19	35	14	$610.22	$783.84	$708.73	$914.16	$689.94
Dixie School District	7	4	0	3	0	$0.00	n/a	$589.61	n/a	$252.69
East Valley School District (Spokane)	436	248	46	93	49	$625.14	$688.49	$665.46	$689.75	$647.69
East Valley School District (Yakima)	289	149	29	79	32	$622.37	$858.99	$599.74	$995.36	$681.23
Eastmont School District	554	281	48	176	49	$642.66	$783.29	$721.27	$834.29	$696.77
Easton School District	21	9	6	3	3	$782.00	$782.00	$782.00	$782.00	$782.00

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17
Summary of District Monthly Contributions by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Eatonville School District	186	89	21	55	21	$577.31	$870.89	$789.20	$860.28	$705.06
Edmonds School District	1,897	1,092	163	437	205	$677.09	$770.94	$753.60	$794.15	$715.43
Ellensburg School District	318	159	35	93	31	$594.13	$593.66	$612.65	$629.24	$602.92
Elma School District	182	106	16	39	21	$657.51	$920.75	$845.03	$906.00	$749.51
Endicott School District	24	8	3	7	6	$544.52	$708.81	$688.53	$688.31	$643.01
Entiat School District	42	12	6	15	9	$613.54	$764.07	$758.97	$767.39	$719.95
Enumclaw School District	407	253	26	84	44	$637.82	$709.49	$634.81	$845.33	$664.21
Ephrata School District	239	107	25	71	36	$608.57	$707.03	$641.75	$683.17	$639.96
Evaline School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Everett School District	1,577	619	284	284	390	$676.85	$1,266.79	$910.51	$1,447.67	$1,015.80
Evergreen School District (Clark)	2,287	1,197	266	562	262	$607.98	$741.51	$691.58	$865.03	$673.50
Evergreen School District (Stevens)	6	5	1	0	0	$373.64	$773.15	n/a	n/a	$440.23
Federal Way School District	2,208	1,455	138	479	136	$635.42	$667.09	$659.30	$649.29	$643.43
Ferndale School District	470	247	57	100	66	$602.74	$807.79	$691.99	$870.32	$684.17
Fife School District	316	152	30	102	32	$544.30	$882.64	$706.18	$945.54	$669.31
Finley School District	103	56	11	22	14	$617.36	$785.66	$670.86	$640.51	$649.91
Franklin Pierce School District	809	493	82	153	81	$644.46	$715.08	$664.74	$738.11	$664.83
Freeman School District	92	47	7	29	9	$577.37	$769.13	$628.09	$723.08	$622.20
Garfield School District	24	11	1	7	5	$419.82	$647.88	$594.19	$727.24	$544.23
Glenwood School District	20	16	1	3	0	$602.24	$624.44	$642.98	n/a	$609.46
Goldendale School District	97	51	21	6	19	$645.90	$898.39	$802.55	$926.23	$765.16
Grand Coulee Dam School District	105	59	11	26	9	$578.47	$626.37	$614.67	$684.65	$601.55
Grandview School District	359	175	41	107	36	$604.23	$803.57	$688.43	$1,075.84	$699.38
Granger School District	178	85	19	50	24	$612.84	$808.83	$674.86	$1,141.33	$722.44
Granite Falls School District	171	85	19	42	25	$666.81	$946.05	$783.23	$1,184.90	$802.17
Grapeview School District	22	11	3	6	2	$577.71	$526.57	$691.63	$630.10	$606.57
Great Northern School District	4	4	0	0	0	$645.35	n/a	n/a	n/a	$645.35
Green Mountain School District	19	9	4	2	4	$601.48	$657.42	$504.55	$588.17	$600.25
Griffin School District	73	35	9	17	12	$550.40	$530.02	$558.47	$536.40	$547.47
Harrington School District	28	8	7	2	11	$647.42	$575.40	$720.80	$756.80	$677.63
Highland School District	138	80	16	33	9	$598.05	$684.87	$640.81	$651.44	$621.82
Highline School District	2,135	1,394	175	432	134	$659.00	$622.41	$665.72	$677.15	$658.50

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17
Summary of District Monthly Contributions by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Hockinson School District	158	73	21	43	21	$662.98	$844.71	$846.76	$827.70	$759.05
Hood Canal School District	41	28	7	6	0	$593.74	$873.33	$625.29	n/a	$646.09
Hoquiam School District	181	99	19	44	19	$629.09	$670.88	$720.67	$884.03	$682.50
Inchelium School District	41	29	5	6	1	$643.44	$653.15	$528.37	$650.61	$627.96
Index School District	5	4	0	1	0	$541.36	n/a	$563.00	n/a	$545.69
Issaquah School District	1,674	1,019	117	373	165	$608.17	$700.58	$681.13	$708.66	$640.79
Kahlotus School District	19	9	1	4	5	$572.15	$627.55	$758.63	$627.55	$628.90
Kalama School District	68	29	11	17	11	$635.79	$736.04	$745.76	$764.52	$700.32
Keller School District	11	9	0	2	0	$608.59	n/a	$804.41	n/a	$644.20
Kelso School District	466	266	43	107	50	$604.64	$696.75	$640.26	$675.90	$628.96
Kennewick School District	1,584	828	161	389	206	$611.53	$806.74	$705.88	$888.92	$690.62
Kent School District	2,292	1,381	202	521	188	$640.07	$788.07	$738.01	$782.23	$687.04
Kettle Falls School District	82	42	11	17	12	$607.94	$747.08	$664.73	$1,021.65	$698.92
Kiona-Benton City School District	149	80	12	44	13	$646.56	$750.72	$680.25	$743.48	$673.35
Kittitas School District	74	18	13	11	32	$782.11	$782.00	$782.00	$782.00	$782.03
Klickitat School District	20	13	2	3	2	$595.16	$1,124.21	$565.85	$1,263.79	$710.53
La Center School District	83	29	14	21	19	$786.06	$793.59	$888.83	$854.54	$829.01
La Conner School District	87	41	10	22	14	$592.67	$675.33	$706.36	$692.35	$646.96
LaCrosse School District	22	6	8	2	6	$540.93	$617.18	$782.29	$544.71	$591.63
Lake Chelan School District	166	65	18	50	33	$529.93	$561.43	$640.19	$622.39	$584.94
Lake Quinault School District	16	8	4	3	1	$667.14	$957.98	$596.67	$1,461.50	$776.29
Lake Stevens School District	357	187	18	100	52	$669.80	$776.66	$704.63	$923.72	$721.93
Lake Washington School District	2,272	1,312	197	492	271	$610.28	$691.43	$654.33	$729.53	$641.08
Lakewood School District	219	104	26	55	34	$549.42	$710.04	$548.42	$588.44	$574.29
Lamont School District	8	4	1	2	1	$652.91	$609.65	$609.65	$609.65	$631.28
Liberty School District	62	30	8	14	10	$578.01	$570.97	$707.69	$698.74	$625.86
Lind School District	32	17	2	8	5	$611.47	$806.66	$774.43	$917.07	$712.16
Longview School District	686	395	55	180	56	$655.77	$721.84	$685.71	$689.07	$671.64
Loon Lake School District	15	7	0	8	0	$646.80	n/a	$548.98	n/a	$594.63
Lopez School District	48	22	9	4	13	$408.29	$599.88	$564.35	$940.31	$601.30
Lyle School District	29	18	8	2	1	$599.67	$911.62	$696.30	$668.25	$694.75
Lynden School District	301	161	29	75	36	$542.08	$708.77	$651.85	$781.51	$614.13

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A17
Summary of District Monthly Contributions by District with Composite Cost By District
Snapshot as of October 1, 2013 — Reporting Districts Only

District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Mabton School District	97	57	9	25	6	$666.63	$786.53	$780.56	$749.45	$712.24
Mansfield School District	22	4	5	2	11	$731.90	$769.84	$789.50	$788.80	$774.21
Manson School District	92	48	9	23	12	$579.34	$758.62	$719.67	$716.03	$649.79
Mary M Knight School District	25	11	3	4	7	$628.97	$686.15	$617.98	$876.55	$703.39
Mary Walker School District	71	26	16	19	10	$558.27	$702.74	$694.35	$768.00	$656.78
Marysville School District	1,013	526	91	296	100	$682.32	$755.41	$743.55	$832.50	$721.60
McCleary School District	39	26	2	8	3	$652.92	$774.13	$596.92	$1,071.25	$679.82
Mead School District	935	486	89	239	121	$583.20	$623.34	$625.00	$639.25	$604.96
Medical Lake School District	184	98	15	46	25	$607.51	$852.68	$751.08	$927.44	$706.86
Mercer Island School District	316	173	25	65	53	$575.87	$710.70	$585.98	$720.19	$612.82
Meridian School District	164	88	28	33	15	$594.58	$736.04	$700.33	$826.06	$661.18
Methow Valley School District	69	30	15	13	11	$603.37	$731.69	$638.29	$923.89	$688.94
Mill A School District	7	1	2	0	4	$553.91	$86.28	n/a	$1,239.45	$812.04
Monroe School District	539	288	60	134	57	$642.77	$791.06	$765.24	$823.24	$708.81
Montesano School District	136	69	12	41	14	$615.68	$867.71	$626.69	$1,085.91	$689.64
Morton School District	37	17	5	11	4	$641.63	$738.12	$713.86	$869.33	$700.76
Moses Lake School District	811	423	86	239	63	$659.38	$761.26	$713.43	$703.91	$689.57
Mossyrock School District	64	35	9	14	6	$576.26	$653.75	$634.85	$652.56	$607.13
Mount Adams School District	133	81	11	30	11	$636.17	$676.69	$686.95	$659.18	$652.88
Mount Baker School District	225	104	41	47	33	$612.98	$782.09	$760.15	$850.28	$709.34
Mount Pleasant School District	4	3	1	0	0	$866.78	$891.20	n/a	n/a	$872.89
Mount Vernon School District	737	414	67	184	72	$629.83	$740.81	$716.09	$798.69	$677.95
Mukilteo School District	1,330	746	127	315	142	$687.18	$790.10	$769.71	$896.27	$738.88
Naches Valley School District	115	60	13	36	6	$620.13	$682.29	$616.75	$654.56	$627.90
Napavine School District	78	45	6	21	6	$615.42	$759.16	$640.45	$781.40	$645.98
Naselle-Grays River Valley School District	55	16	14	15	10	$654.01	$1,106.59	$667.08	$876.96	$813.31
Nespelem School District	22	12	3	7	0	$625.27	$651.99	$619.86	n/a	$627.19
Newport School District	120	66	15	33	6	$561.70	$607.36	$588.83	$607.39	$577.15
Nine Mile Falls School District	147	39	16	17	75	$589.41	$714.62	$635.02	$647.17	$637.78
Nooksack Valley School District	198	97	20	43	38	$561.74	$745.02	$735.67	$800.82	$663.91
North Beach School District	80	48	14	9	9	$615.71	$805.59	$674.79	$1,081.41	$707.98
North Franklin School District	239	112	31	61	35	$608.66	$695.25	$657.77	$675.52	$642.22

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District	Employees	Enrollment by District				Average Plan Year-End District Contributions PEPM				
		EE	ES	EC	EF	EE	ES	EC	EF	Composite
North Kitsap School District	578	323	58	143	54	$629.73	$730.94	$653.18	$692.42	$651.55
North Mason School District	217	117	26	50	24	$610.28	$642.47	$699.25	$384.05	$609.61
North River School District	19	16	1	1	1	$603.68	$621.60	$621.60	$621.60	$606.51
North Thurston Public Schools	1,298	634	121	420	123	$579.12	$684.85	$651.85	$661.09	$620.28
Northport School District	34	20	4	3	7	$647.95	$893.41	$856.57	$1,048.34	$777.67
Northshore School District	1,907	1,010	259	396	242	$577.02	$698.93	$650.33	$778.87	$634.41
Oak Harbor School District	465	250	57	95	63	$664.78	$883.79	$768.91	$838.84	$736.48
Oakesdale School District	21	5	5	6	5	$611.38	$841.79	$771.53	$748.92	$744.74
Oakville School District	45	23	1	17	4	$588.39	$714.02	$700.70	$779.08	$650.56
Ocean Beach School District	111	73	10	23	5	$621.09	$737.11	$688.13	$696.36	$648.83
Ocosta School District	90	47	8	25	10	$573.46	$671.41	$638.78	$666.00	$610.59
Odessa School District	42	13	11	16	2	$626.94	$625.76	$630.89	$767.79	$634.84
Okanogan School District	128	78	10	33	7	$598.38	$776.02	$626.17	$811.67	$631.09
Olympia School District	898	524	79	200	95	$612.25	$752.95	$665.41	$715.13	$647.35
Omak School District	301	162	27	93	19	$575.14	$607.31	$602.00	$634.00	$590.04
Onalaska School District	88	33	16	25	14	$543.80	$627.40	$592.00	$689.64	$595.89
Onion Creek School District	11	3	5	0	3	$768.00	$768.00	n/a	$768.00	$768.00
Orcas Island School District	84	33	17	18	16	$488.11	$604.20	$548.47	$653.90	$556.12
Orchard Prairie School District	9	7	0	1	1	$687.43	n/a	$905.04	$905.04	$735.79
Orient School District	14	8	3	1	2	$510.00	$694.43	$782.00	$782.00	$607.81
Orondo School District	32	17	5	8	2	$541.45	$632.00	$556.55	$599.01	$562.97
Oroville School District	77	42	10	17	8	$626.92	$835.36	$772.10	$1,270.70	$752.93
Orting School District	195	110	15	48	22	$647.26	$719.42	$670.09	$738.30	$668.70
Othello School District	430	238	32	127	33	$587.08	$685.09	$654.90	$943.83	$641.78
Palisades School District	7	0	3	3	1	n/a	$782.00	$782.00	$782.00	$782.00
Palouse School District	24	8	7	5	4	$571.03	$662.27	$531.97	$751.73	$619.62
Pasco School District	1,686	936	127	460	163	$618.05	$689.93	$654.42	$864.32	$657.19
Pateros School District	40	26	2	6	6	$544.60	$768.00	$646.35	$725.73	$598.20
Paterson School District	15	10	0	3	2	$514.13	n/a	$756.87	$670.18	$583.48
Pe Ell School District	44	28	5	6	5	$586.09	$747.43	$657.39	$960.89	$656.74
Peninsula School District	782	466	71	155	90	$599.46	$676.82	$618.43	$697.17	$621.49
Pioneer School District	88	56	9	14	9	$596.54	$573.29	$630.26	$639.51	$603.92

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Pomeroy School District	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Port Angeles School District	401	214	45	90	52	$599.53	$663.97	$644.82	$665.94	$625.54
Port Townsend School District	135	64	24	30	17	$627.36	$826.76	$733.49	$778.50	$705.43
Prescott School District	36	23	4	7	2	$618.16	$613.32	$498.72	$725.63	$600.37
Prosser School District	306	146	22	101	37	$628.96	$760.34	$712.33	$888.48	$697.30
Pullman School District	234	136	16	65	17	$636.38	$766.27	$673.90	$743.67	$663.48
Puyallup School District	1,657	988	154	275	240	$559.96	$713.04	$577.38	$904.80	$627.02
Queets-Clearwater School District	12	6	1	4	1	$573.74	$773.15	$565.00	$926.10	$616.81
Quilcene School District	21	16	0	5	0	$675.69	n/a	$692.33	n/a	$679.65
Quillayute Valley School District	164	103	12	33	16	$604.64	$660.92	$613.24	$619.66	$611.95
Quincy School District	295	169	14	76	36	$691.06	$803.06	$811.70	$886.21	$751.27
Rainier School District	82	45	11	18	8	$603.19	$828.10	$663.74	$638.37	$650.08
Raymond School District	71	43	4	20	4	$655.22	$869.72	$767.69	$704.43	$701.75
Reardan-Edwall School District	63	33	10	14	6	$584.97	$784.42	$652.80	$780.72	$650.34
Renton School District	1,460	882	124	327	127	$617.68	$693.02	$673.02	$676.28	$641.57
Republic School District	39	18	9	6	6	$524.79	$621.05	$563.67	$922.96	$614.24
Richland School District	1,034	599	63	270	102	$610.63	$660.02	$632.46	$654.03	$623.62
Ridgefield School District	122	43	23	38	18	$618.08	$759.81	$736.10	$844.22	$714.92
Ritzville School District	38	9	5	12	12	$782.00	$715.72	$767.01	$749.42	$758.26
Riverside School District	160	87	27	30	16	$636.09	$646.00	$651.69	$667.01	$643.78
Riverview School District	289	167	35	61	26	$587.47	$667.17	$559.89	$616.52	$593.91
Rochester School District	213	103	19	68	23	$602.09	$724.99	$679.96	$820.79	$661.53
Roosevelt School District	6	6	0	0	0	$664.10	n/a	n/a	n/a	$664.10
Rosalia School District	36	18	9	5	4	$546.30	$537.30	$579.32	$513.70	$545.01
Royal School District	187	115	9	42	21	$584.61	$754.42	$628.77	$653.76	$610.47
San Juan Island School District	88	45	11	13	19	$570.45	$726.39	$578.78	$744.12	$628.67
Satsop School District	6	4	0	1	1	$574.01	n/a	$845.21	$885.94	$671.20
Seattle Public Schools	5,396	3,034	549	1,261	552	$684.35	$689.56	$682.53	$676.67	$683.67
Sedro-Woolley School District	455	251	47	107	50	$607.02	$650.41	$621.08	$648.81	$619.40
Selah School District	356	191	40	99	26	$618.72	$668.14	$638.62	$673.18	$633.79
Selkirk School District	30	11	7	5	7	$611.28	$849.95	$640.74	$889.29	$736.75
Sequim School District	268	131	35	57	45	$577.24	$745.30	$666.89	$848.12	$663.74

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		EE	ES	EC	EF	EE	ES	EC	EF	Composite
Shaw Island School District	5	2	2	0	1	$576.00	$387.46	n/a	$768.00	$538.98
Shelton School District	499	309	51	98	41	$608.39	$675.96	$632.94	$655.70	$624.01
Shoreline School District	850	455	91	190	114	$625.65	$762.53	$677.09	$768.10	$670.91
Skamania School District	12	4	3	2	3	$631.83	$497.91	$610.40	$545.02	$573.08
Skykomish School District	17	10	4	3	0	$620.06	$733.78	$704.30	n/a	$661.68
Snohomish School District	846	396	91	234	125	$614.65	$822.20	$776.99	$873.12	$720.07
Snoqualmie Valley School District	502	282	49	103	68	$616.62	$751.50	$681.42	$767.07	$663.46
Soap Lake School District	59	29	8	18	4	$654.99	$805.56	$627.15	$721.85	$671.44
South Bend School District	55	28	4	20	3	$600.61	$640.26	$649.19	$640.29	$623.32
South Kitsap School District	823	454	80	217	72	$678.23	$793.99	$719.71	$728.42	$704.81
South Whidbey School District	159	83	22	30	24	$609.09	$699.38	$698.73	$696.83	$651.74
Southside School District	19	9	1	7	2	$449.62	$836.21	$638.24	$664.84	$562.11
Spokane School District	3,047	1,380	217	670	780	$603.31	$772.98	$645.80	$822.65	$680.89
Sprague School District	20	8	4	4	4	$482.31	$882.97	$620.78	$639.61	$621.60
St. John School District	25	7	4	9	5	$738.43	$675.51	$768.00	$660.88	$723.50
Stanwood-Camano School District	415	216	40	102	57	$642.52	$799.92	$705.76	$921.37	$711.53
Star School District	2	1	0	0	1	$584.46	n/a	n/a	$2,104.67	$1,344.57
Starbuck School District	5	3	1	1	0	$645.35	$645.35	$645.35	n/a	$645.35
Stehekin School District	1	0	1	0	0	n/a	$1,497.25	n/a	n/a	$1,497.25
Steilacoom Hist. School District	242	143	21	59	19	$659.64	$912.90	$773.60	$955.33	$732.62
Steptoe School District	8	1	3	0	4	$599.00	$643.87	n/a	$691.20	$661.93
Stevenson-Carson School District	108	63	19	6	20	$612.36	$949.61	$869.25	$862.82	$732.34
Sultan School District	193	97	16	46	34	$581.60	$646.93	$619.96	$653.64	$608.85
Summit Valley School District	17	12	1	4	0	$356.90	$609.79	$768.00	n/a	$468.51
Sumner School District	759	410	59	113	177	$565.74	$605.23	$570.37	$640.02	$586.82
Sunnyside School District	748	426	55	229	38	$616.79	$704.67	$650.28	$694.95	$637.48
Tacoma School District	2,850	1,160	516	492	682	$93.88	$209.45	$154.84	$233.43	$158.72
Taholah School District	36	20	5	7	4	$653.17	$693.96	$742.89	$678.06	$679.05
Tahoma School District	703	385	47	198	73	$627.03	$716.05	$674.52	$681.11	$651.98
Tekoa School District	29	10	1	12	6	$502.64	$0.00	$593.78	$891.21	$603.41
Tenino School District	115	62	16	27	10	$642.04	$875.13	$778.73	$958.06	$734.04
Thorp School District	20	8	5	5	2	$561.88	$702.29	$676.80	$689.50	$638.47

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Toledo School District	72	38	4	20	10	$555.09	$721.22	$673.50	$679.13	$614.44
Tonasket School District	126	60	16	29	21	$596.15	$701.33	$666.56	$874.82	$672.16
Toppenish School District	384	188	48	106	42	$655.57	$876.16	$713.02	$1,179.61	$756.32
Touchet School District	30	17	5	4	4	$1,127.45	$1,163.48	$1,168.47	$1,323.19	$1,165.02
Toutle Lake School District	70	38	7	14	11	$587.19	$623.21	$629.18	$644.74	$608.23
Trout Lake School District	21	12	4	1	4	$672.76	$919.94	$870.95	$1,055.88	$802.25
Tukwila School District	83	58	6	15	4	$674.36	$664.37	$720.22	$790.23	$687.51
Tumwater School District	649	373	49	170	57	$660.65	$718.55	$681.35	$712.41	$674.99
Union Gap School District	76	47	10	16	3	$551.01	$672.29	$568.01	$667.66	$575.15
University Place School District	501	296	36	116	53	$611.30	$659.33	$666.63	$624.82	$628.99
Valley School District	77	46	9	9	13	$598.83	$756.14	$642.81	$809.74	$657.96
Vancouver School District	2,247	1,233	186	614	214	$626.66	$691.27	$645.44	$654.12	$639.75
Vashon Island School District	139	71	16	31	21	$667.79	$918.39	$696.14	$838.63	$728.77
Wahkiakum School District	48	10	12	6	20	$814.16	$884.36	$826.94	$847.81	$847.33
Wahluke School District	259	158	25	42	34	$658.23	$845.75	$809.82	$847.88	$725.81
Waitsburg School District	39	21	5	10	3	$576.94	$673.72	$640.77	$413.87	$593.17
Walla Walla Public Schools	711	378	56	212	65	$611.65	$752.82	$748.20	$761.96	$677.23
Wapato School District	379	185	37	123	34	$628.57	$856.22	$662.95	$1,201.78	$713.38
Warden School District	80	20	20	12	28	$756.27	$753.33	$743.42	$761.58	$755.47
Washougal School District	295	207	30	30	28	$649.83	$707.77	$662.11	$669.48	$658.84
Washtucna School District	23	12	3	5	3	$555.38	$650.23	$499.97	$491.20	$547.34
Waterville School District	34	13	6	11	4	$526.11	$629.77	$583.70	$696.71	$583.11
Wellpinit School District	66	44	1	17	4	$566.33	$778.18	$703.12	$985.99	$630.21
Wenatchee School District	826	444	69	232	81	$605.31	$694.52	$646.53	$690.34	$632.68
West Valley School District (Spokane)	403	209	55	93	46	$652.28	$992.00	$801.69	$1,146.70	$789.56
West Valley School District (Yakima)	483	224	40	162	57	$645.91	$721.90	$662.87	$736.56	$668.59
White Pass School District	51	36	2	10	3	$594.71	$829.10	$615.99	$838.97	$622.44
White River School District	248	135	16	62	35	$627.44	$749.58	$687.23	$727.08	$664.33
White Salmon Valley School District	116	70	18	8	20	$599.98	$850.63	$659.09	$872.22	$689.89
Wilbur School District	38	19	9	7	3	$656.56	$772.89	$689.79	$765.04	$698.80
Willapa Valley School District	39	27	1	5	6	$602.27	$693.14	$611.83	$1,019.73	$670.05
Wilson Creek School District	29	16	0	6	7	$557.06	n/a	$683.09	$674.59	$611.50

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Winlock School District	81	46	12	14	9	$464.23	$717.57	$699.14	$666.94	$564.88
Wishkah Valley School District	24	18	2	3	1	$598.60	$588.06	$576.26	$42.31	$571.75
Wishram School District	20	10	3	1	6	$443.55	$773.15	$565.00	$1,002.83	$666.85
Woodland School District	258	151	21	65	21	$623.51	$719.80	$707.52	$735.70	$661.64
Yakima School District	1,696	850	168	526	152	$720.22	$742.73	$741.79	$777.81	$734.30
Yelm School District	516	304	50	114	48	$647.58	$808.17	$739.44	$900.65	$706.98
Zillah School District	137	69	12	47	9	$592.03	$619.13	$640.21	$749.59	$621.28
Low	**0**	**0**	**0**	**0**	**0**	**$0.00**	**$0.00**	**$140.36**	**$42.31**	**$158.72**
High	**5,396**	**3,034**	**549**	**1,261**	**780**	**$1,127.45**	**$1,497.25**	**$1,296.31**	**$2,104.67**	**$1,497.25**
Total/Average	**101,273**	**54,557**	**10,248**	**24,206**	**12,262**	**$612.59**	**$716.74**	**$669.80**	**$760.36**	**$654.70**

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Exhibit A18a
Summary of Innovative Plans Features For All Plans Combined by Carrier — Table 1
For Calendar Year 2013

Innovation	Carrier								
	1	2	3	4	5	6	7	8	9
Assessment of chronic diseases in a given population	✓	✓	✓	✓	✓	✓		✓	✓
Assessment of health risks within the district population	✓	✓	✓	✓	✓	✓		✓	✓
Assessment of targeted chronic conditions, such as diabetes and depression, in the district population	✓	✓	✓	✓		✓			✓
Case management; utilization management program	✓	✓	✓	✓	✓	✓	✓	✓	✓
Centers of excellence for high-cost cases	✓	✓	✓	✓		✓		✓	✓
Communication programs to support healthy behaviors	✓	✓	✓	✓	✓	✓		✓	✓
Coverage for smoking cessation	✓	✓	✓	✓		✓	✓	✓	✓
Coverage for treatment of obesity	✓	✓	✓	✓		✓		✓	✓
District-specific claims data		✓		✓	✓	✓			✓
Focused disease management program	✓	✓	✓	✓	✓	✓			✓
Four-tier prescription drug program (generic, preferred brand, non-preferred brand, and specialty)	✓			✓		✓		✓	✓
Health-risk assessments	✓	✓	✓	✓	✓	✓		✓	✓
High-risk maternity program; maternity education program	✓	✓	✓	✓	✓	✓	✓		✓
Information on medical trends and factors contributing to increasing claim trends within district	✓	✓	✓	✓	✓	✓		✓	✓
Membership-specific feedback to plan participants/members on necessary medical services	✓	✓	✓	✓		✓		✓	✓
Nurse line services	✓	✓	✓	✓	✓	✓	✓		✓
PPO network	✓	✓	✓		✓	✓	✓	✓	✓
Reports to district on health-plan performance		✓	✓	✓	✓	✓			✓
Three-tier prescription drug program (generic, preferred brand, and non-preferred brand)	✓	✓	✓	✓	✓		✓	✓	✓
Value-based plan designs	✓	✓	✓	✓	✓	✓			✓
We provide district clients with healthcare cost trends		✓	✓	✓		✓			✓
Website health tools and resources	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness newsletters and/or wellness messages on carrier website	✓	✓	✓	✓	✓	✓		✓	✓
Wellness program design and resources	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Exhibit A18b

Summary of Innovative Plans Features For All Plans Combined by District — Table 2

Calendar Year 2013 — Reporting Districts Only

Innovation	Number of Districts Using
Communicate to employees that healthy behaviors can reduce health benefit costs.	240
Encourage our employees to know their *numbers* (cholesterol, body mass index, blood pressure, blood glucose levels).	238
Include case management and utilization management programs.	217
Know the health risks of our population of employees.	76
Offer a communication plan to target chronic conditions (e.g. diabetes and depression).	228
Offer a focused disease management program.	108
Offer a high-risk maternity program or maternity education program.	205
Offer a Nurse Line service.	243
Offer a website to employees which includes health tools and resources.	276
Offer a wellness program.	252
Offer centers of excellence for high-cost services such as transplants.	211
Offer financial incentives for employees to lose weight.	28
Offer financial incentives for employees to stop smoking.	42
Offer incentives to encourage our population to improve their health.	205
Offer our employees an opportunity to complete biometric screenings.	207
Offer our employees an opportunity to complete health risk assessments.	263
Provide wellness coaching to our employees.	244
Send out wellness newsletters and/or post wellness messages on site.	253
Our district has a benefits strategy that includes improving the health of our employees.	140
Our district has specific health plan goals for our employees.	58
Our health plan administrator/insurer or other third party works with us to find ways to reduce our health plan costs.	260
Our health plan administrator/insurer provides us information on health care cost and trends.	252
To reduce unnecessary health services at least one of our health plans includes a copay for emergency room services.	287
To reduce unnecessary health services at least one of our health plans includes a copay for inpatient hospital admissions.	285
To reduce unnecessary health services our pharmacy program requires higher copays for brand-name drugs where a generic drug is available.	287
We contract with an independent third party to provide wellness services to our employees.	49
We contract with our health plan to provide wellness services to our employees.	228
We have a benefits budget that includes a wellness promotion component.	48
We offer a *consumer driven* health plan with a Health Savings Account.	209
We offer a plan design with a network of providers (hospitals and professionals) and higher benefits for use of in-network providers.	285
We participate in a health plan coalition.	190
We provide incentives for employees to use our wellness programs.	171
We receive health plan performance data from our health plan administrator/insurer.	204

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Exhibit A19a
Efforts and Achievements by Carrier
Calendar Year 2013

Carrier	Category	Efforts and Achievements
Carrier 1	**Administrative Cost Reduction**	• Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013 WEA's administrative costs have been under 6% for over 11years. • BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. • WEA Specific – The WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for members with quick turnaround on payments for services.
Carrier 1	**Cost Savings**	• Provider contracting – Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network") • With over 1.9 million members enrolled on a Premera plan, the volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to our Exchange, individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) • BlueCard (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. • Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollee's needs. • Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. • Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. • Member 360 Dashboard – Proprietary tool that uses more than claims to identify members with specific healthcare needs. • Plans include copayments for Emergency Room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, nonpreferred, and specialty drugs.

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Carrier	Category	Efforts and Achievements
		• Programs that monitor controlled medication substances to provide protection for enrollees. • An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Carrier 1	**Customer Service**	• Premera provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers requires less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits. • Premera does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. • "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. • Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. • The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for the enrollees. This provides additional support to the district as well as direct support to their employees. • Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.. • Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollee/designated representative and/or their provider.
Carrier 1	**District Management of Health Plans**	• Premera passed on lower increases to dependents than to employee only tiers for the past three years for all school district business. • Premera added lower cost options, such as the HDHP, that have lowered premiums for all school district plans. • Premera provides a website with access to information about the employee's benefits – this includes a cost estimator

Carrier	Category	Efforts and Achievements
		which helps enrollees determine which providers require less out of pocket costs. The website provides educational information about wellness programs and their plan benefits. • Premera does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. • Premera has "Ulysses Learning™" which leads to first call resolution and a higher level of overall satisfaction from enrollees. • Premera's "Lean" workshops include Customer Service, Claims and Billing and Sales and Marketing processes which we continue to focus on in order to improve the enrollee experience. • In addition, Premera has: • Patient-centered medical home program enabled enrollees to select a clinic at which they received their non-emergent health care without having a copayment. • BlueCard national network of providers and international network via BlueCard Worldwide • Integrated Utilization management that work with members and providers across the care continuum, focused disease management program for lung and breast cancer as well as high-risk pregnancy. • The ability to arrange biometric testing for employees. WEA Select Plans: • Year-round service for members and districts is available for enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits, the plan choices, network status, special enrollment rights, etc. Premera works to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. • WEA Select Plans added a lower cost option (EasyChoice) that has a lower premium and many first dollar benefits.

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Efforts and Achievements by Carrier
Calendar Year 2013

Carrier	Category	Efforts and Achievements
		• WEA has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. The input from the enrollees has assisted the WEA in developing benefit revisions to their plans. • Leave of Absence coverage for up to 18-months • Coverage during a Labor Dispute • Coverage for those affected by a Reduction in Force • Semi-annual newsletters are sent to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. • Meetings to assist payroll and HR with plan information, updates, education, etc.
Carrier 1	**Part-Time Employee Coverage Protection**	• Premera's WEA Select plans have provided access to coverage for part time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked providing that the employer is contributing towards the cost of the medical plan • When a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. • All Premera school district options include lower cost options to help mitigate overall renewal increases.
Carrier 2	**Administrative Cost Reduction**	Health plan systems replacement - Group Health focused our 2013 systems efforts on our existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers. In 2014, we are turning our attention to researching long-term technology solutions that will support current industry best practices and are flexible enough to adapt to the changing needs of the health care market. We recently implemented a new care management information and workflow system and customer relationship management tools. Streamlining our management structure - This ongoing work involves setting standards for management roles and examining variation in our management structure.
Carrier 2	**Cost Savings**	We work closely with the client to find the right benefit designs and network options and integrate them with our own

Carrier	Category	Efforts and Achievements
		delivery system to ensure that the group can maximize cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. In an effort to improve health care quality and reduce clinical cost trend in high-cost areas such as: emergency department (ED) visits, hospital inpatient (HI) days, and skilled nursing facility stays, Group Health developed new standardized work processes to ensure the use of evidence-based strategies in emergency rooms, hospitals, post-hospital transitions, nursing homes, and palliative care settings. As part of these standard processes, Group Health clinicians assess the full range of patients' needs as soon as they enter the hospital or emergency room. ER staff consult with Group Health's on-site hospitalists to evaluate patients' symptoms, review their electronic health records, and determine whether they need to be admitted to the hospital or whether their conditions can be treated safely and more effectively in other settings (e.g., in rehabilitation or long-term care facilities, or at home with home health care services). If hospitalists and ER clinicians believe patients can be treated more effectively outside the hospital, they contact a Group Health physician and a health plan staff member designated as the patient resource - both of whom are on call 24/7. The patient resource staffer confers with patients and their families to discuss the options, checks patients' benefits, and helps arrange safe placement in care facilities.
Carrier 2	**Customer Service**	All new Customer Service Representatives receive six weeks of formal classroom training on how to handle member calls regarding claims, benefits, eligibility and referrals. They will learn how to access this information using our internal systems. Directly after the formalized training we begin a four-week mentoring program, which provides one-on-one assistance from content experts. Our knowledge-based system includes scripting and procedures for handling member's inquiries and concerns. Group Health's Quality Assurance Program utilizes call monitoring to measure, manage, and improve the quality performance of individual representatives and the call center overall. Customer Service Representatives calls are randomly recorded and monitored to use them as a performance evaluation tool and determine if representatives are meeting quality standards. To ensure consistency in scoring, supervisors and leads who monitor the calls meet to calibrate on a weekly basis.

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Carrier	Category	Efforts and Achievements
		Monthly we review calls escalated to our leads and misquoted benefits to determine coaching opportunities for each representative. We use our documentation of the reason for the customer contact to identify trends so we can provide scripting, training, and coaching as needed. This is done formally on a monthly basis and informally in our team huddles on a daily basis.
Carrier 2	**District Management of Health Plans**	Group Health's online employer portal, MyGroupHealth for Employers, offers secure, convenient access to the transactional tools employers need to effectively manage their health care benefit programs. You can login to enroll new subscribers and their dependents online, and make changes for your existing employees — adding or terminating dependents, or terminating the entire subscriber record. You can order ID cards with a few simple clicks. The site also features content that helps employers understand the value of Group Health's business solutions for health care.
Carrier 2	**Part-Time Employee Coverage Protection**	We allow access for part-time employees working a minimum of 17.5 hours per week.
Carrier 3	**Administrative Cost Reduction**	As a member of the Blue Cross and Blue Shield Association, BlueCard provides significant savings to Regence employees traveling or residing outside the Regence service area. In addition, Deploying a strategy of smaller, more cost effective, higher quality networks with PCP based selection, will benefit the School Districts and its employees by keeping costs down through collaborative arrangements with key provider systems. In addition, we feel that we are best positioned to work with these key provider entities to enter into exclusive network and product arrangements geared specifically toward the School Districts and its employees. We will also look at different product optoins, including new High Deductible plans. We will continue to streamline our service delivery models to gain additional efficiences and cost saving through investments in technology and people. All customer services functions related to regence School Distict business, are run through one, centralized service center which helps keeps cost down while maintaining dedicated subject matter experts knowledgeable about the products and services delivered to the Districts in order to achieve administrative savings.
Carrier 3	**Cost Savings**	Regence has the highest number of providers “in network” in the state (98%+ of all claims are paid “in network”). We also use Evidence-based medical protocols that allow Regence to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member’s needs. Real-time access to consumer decision-support resources (ie: myregence.com- as described below) to help enrollees understand and direct their health care needs.- Also see Innovations Section (below) for additional ideas for cost savings.
Carrier 3	**Customer**	Regence has a world class website called myregence.com with access to information about the employee benefits – this

Carrier	Category	Efforts and Achievements
	Service	includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. This website has been nationally recognized by the Blue Cross and Blue Shield Association as the template for transparency tools nationwide. All customer services functions related to regence School Distict business, are run through one, centralized service center which helps keeps cost down while maintaining dedicated subject matter experts knowledgeable about the products and services delivered to the Districts in order to achieve administrative savings.
Carrier 3	**District Management of Health Plans**	Regence offers an array of servives and tools to help Districts manage benefits. We start by assigning each District a Senior Account Executive. This person is the strategic liasion between the District, it's broker, and Regence. This individual is responsible to work with the District to help manage benefits, look at plan design options, discuss cost containment services, and to focus on member engagement while directing the appropriate resources from a service perspective. In addition, we offer Real-time access to consumer decision-support resources (ie: myregence.com- as described below) to help enrollees understand and direct their health care needs.
Carrier 3	**Part-Time Employee Coverage Protection**	When a full time employee's hours are decreased, we will work with the member to review other plan options that allow the individual to remain covered on a medical program. We also offer lower cost plan options to help part time employees.
Carrier 4	**Administrative Cost Reduction**	Kaiser Permanente is committed to administrative simplification and responsible stewardship of our assets. In our care delivery model, doctors, nurses, and specialists work collaboratively to provide the right care at the right time, keeping care costs low. Our doctors, hospitals, medical offices, pharmacies, labs, and health plan are all part of one organization. This makes it easier for us to coordinate care for lower costs and better results. In 2014-15, Kaiser Permanente will continue focusing our resources on our care delivery system, internalization, quality and efficiency, while also driving care transformation strategies with a focus on managing complex patients. Our plan includes process improvement and eliminating waste and variation across our operations. We are driving for improvements in primary and specialty care cost per visit. We will place a strong focus on delivering a two hospital system in Portland that is market competitive on a unit cost basis, and improving our position in peripheral markets. Reducing out of network costs is also a key focus. As an integrated health care delivery system we know that we are a more efficient and effective health plan. Further, because our health care teams can share information easily, we are also collectively smarter and this built in collaboration among experts leads to better health care outcomes. Information is shared across the hall and across the state. One shared electronic medical record means every physician, nurse, pharmacist, and other member of the care team can pull up a member's entire medical history, lab test results, and list of prescriptions. The results of our collaborative efforts are clear: • Less likely to repeat tests—our physicians are 12 percent less likely to repeat tests or procedures than physicians at other large practices, lab utilization decreases of up to 7%, and overall decrease of up to 14% in radiology tests.

Carrier	Category	Efforts and Achievements
		• Paper medical record costs - reductions in by as much as 64% • Reducing costly hospital readmissions—one out of five hospitalizations among Medicare patients results in a readmission within 30 days of discharge. We developed a heart failure transitional care program across all our regions that reduced hospital readmission for members with heart failure by 30 percent—saving $12 million and an estimated 410 lives. • Complete information sharing—primary care physicians and specialists can view each other's treatment notes in real time via the member's electronic medical record. This allows for a thorough and accurate exchange of information, which can help keep members healthier. • Higher medical benefit ratio—our April 1, 2014 preliminary medical benefit ratio filing was above the thresholds established by the Affordable Care Act—a minimum of 85 percent of premium revenue for large groups and 80 for small group, individual, and Student Health in nearly every area of the country in which we provide health care coverage. Overall, we operated in 2012 above the threshold for more than 99% of our 9 million members nationwide Key initiatives enabling successful performance were drug utilization initiatives of $25M, Internalization of Kaiser Permanente Care expansion of $20M (i.e. the opening of our Kaiser Westside Medical Center and expanding our Radiation Oncology services), and Medical Management of $8M. Elimination of variability in drug utilization, focusing on appropriately converting patients from high cost brand drugs to generic alternatives.
Carrier 4	**Cost Savings**	The primary ways Kaiser Permanente controls costs are by engaging members to participate in their own health, and by reducing waste—helping healthy members stay healthy and motivating those with unhealthy habits to make positive lifestyle changes, eliminating unnecessary procedures, decreasing unwarranted variation in care and reducing paper costs. Unlike traditional health care providers, we offer a fundamentally different approach to care. Our health plan, doctors, hospitals, medical offices, pharmacies, labs, and more are all part of one organization. Because our doctors are salaried and measured according to how well they raise the bar for member health, our model frees doctors to focus on patients—not the itemization of services or the collection of claims. Their personalized, dedicated approach to member health is supercharged with the incredible tools and information within Kaiser Permanente HealthConnect®. This award-winning system is at the fingertips of every caregiver in every one of our facilities. Our investment in our industry-leading electronic health record (EHR) system is not only our most effective member engagement tool; it also helps reduce overutilization and maximizes information sharing. All Kaiser Permanente providers can securely access this system and view a member's previous test results and other physician notations, which help reduce duplication of lab tests, unnecessary medical visits, redundant utilization of services, and pharmacy errors. In 2013, a comparison of health plans across the United States, AON

Carrier	Category	Efforts and Achievements
		Hewitt reported that Kaiser Foundation Health Plan of the Northwest is the most cost-efficient plan across all markets we serve. Nationally, Kaiser Permanente is 10% more cost-efficient than the average HMO and 15% more cost-efficient than all plans in the markets it serves. We also outperformed other plans in clinical quality, scoring 58% better than the average HMO and 167% better than the all-plan average.The primary ways Kaiser Permanente controls costs are by engaging members to participate in their own health, and by reducing waste—helping healthy members stay healthy and motivating those with unhealthy habits to make positive lifestyle changes, eliminating unnecessary procedures, decreasing unwarranted variation in care and reducing paper costs. Unlike traditional health care providers, we offer a fundamentally different approach to care. Our health plan, doctors, hospitals, medical offices, pharmacies, labs, and more are all part of one organization. Because our doctors are salaried and measured according to how well they raise the bar for member health, our model frees doctors to focus on patients—not the itemization of services or the collection of claims. Their personalized, dedicated approach to member health is supercharged with the incredible tools and information within Kaiser Permanente HealthConnect®. This award-winning system is at the fingertips of every caregiver in every one of our facilities. Our investment in our industry-leading electronic health record (EHR) system is not only our most effective member engagement tool; it also helps reduce overutilization and maximizes information sharing. All Kaiser Permanente providers can securely access this system and view a member's previous test results and other physician notations, which help reduce duplication of lab tests, unnecessary medical visits, redundant utilization of services, and pharmacy errors. In 2013, a comparison of health plans across the United States, AON Hewitt reported that Kaiser Foundation Health Plan of the Northwest is the most cost-efficient plan across all markets we serve. Nationally, Kaiser Permanente is 10% more cost-efficient than the average HMO and 15% more cost-efficient than all plans in the markets it serves. We also outperformed other plans in clinical quality, scoring 58% better than the average HMO and 167% better than the all-plan average. Member Engagement We emphasize keeping members engaged and healthy, with a strong focus on prevention. An important way we do this is by offering a broad range of programs to promote good health and encourage members to fully participate in their own health care. We offer comprehensive disease management programs, healthy lifestyles program, health education classes and self-care programs, and decision-support tools that empower consumers. The results of these programs include: • Among participants in HealthMedia Care® for Diabetes online program, productivity increased 5% after just 30 days in the program. Projected savings is several thousand dollars per year per participant. • Care for Diabetes users had A1c numbers that dropped from 7.3 to 6.8, and 90 percent said they are better able to manage their disease

Carrier	Category	Efforts and Achievements
		• Approximately 58% of members participating in the HealthMedia Breathe® program report that they've quit smoking • Of the members surveyed who completed the HealthMedia Balance® weight management program, 56% lost weight after participating for six months• Our asthma management program has shown to dramatically reduce members' acute asthma episodes, Emergency Department visits, and hospitalizations. A National Hospital Discharge Survey found the national rate for asthma-related hospital admissions was 12.5 per 10,000 admissions; our rate was less than half of that, 5.4 per 10,000 Provider Engagement Our physicians and other care providers work as a team within a health care model that frees them to focus on patients versus the administrative demands of private practice including profitability. You get the most out of your health care dollars because doctors are focused on delivering better care. • Improving physician productivity and efficiency to increase capacity without increasing costs by: o Making the best use of registered nurses, nurse practitioners, physician assistants, medical assistants, case managers, and clerical staff in panel management, administrative tasks, and patient care o Providing evidence-based clinical practice guidelines, decision-support tools and prompts, electronic alerts, and electronic prescribing support at the point of care to eliminate redundancies, save time, and make it easier for our physicians to provide quality care • Reducing unnecessary office visits and follow-up appointments so that physicians have more time to see the members who really need to see them by: o Providing 24-hour nurse advice to help members determine if they need to see their physician o Developing clinical guidelines that enable the provision of standardized care by phone for select common conditions such as urinary tract infections o Alerting members and their physicians to any needed preventive services—such as Pap tests, mammograms, vaccinations, and laboratory tests—so that they can be taken care of in the same visit when possible

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Carrier	Category	Efforts and Achievements
Carrier 4	Customer Service	o Offering members extensive self-care educational resources Member, patient, and customer perceptions, experiences, feedback (comments and complaints) and requests drive Service Quality improvement initiatives for our Membership Services. One of the pillars of our Operating Plan is "People and Culture" with a vision to create a culture of high performance that epitomizes partnership and mutual support with a focus on care and service to members. With this vision come four goals and the aspiration of having a flexible, agile, empowered work force. Performance is measured by the People Pulse work unit index defined by specific measures. To meet these goals we have implemented a number of service and care experience initiatives in the areas of service behavior standards, recognition, environmental improvements, performance management, satisfaction data literacy, leadership education and consultative team support. Ownership and accountability for work environment satisfaction reside in every individual but are emphasized in the accountabilities of leaders. Outcomes Measurements & Benchmarks We are committed to measuring and tracking the satisfaction of our members so that we may continue to improve the quality of care and service we provide. We conduct various internal surveys as well as participate in the National Committee for Quality Assurance's (NCQA) Consumer Assessment of Health Plans Survey (CAHPS) to evaluate member satisfaction with health care and service. The results of both internal and external surveys are disseminated throughout the organization and are used to monitor performance and target areas of improvement. We participate in the annual Consumer Assessment of Health Plans (CAHPS) Study and consistently meet or exceed regional and national averages on a broad range of survey questions pertaining to member satisfaction with the Health Plan, Plan physicians, member services, and access to care.
Carrier 4	District Management of Health Plans	We engage with each district to provide personalized service and consultation that fits the district's preference. We provide extensive reporting that analyzes plan utilization and demonstates the value and cost savings achieved through our integrated care. We provide consultation on industry trends, product innovations, workplace wellness strategies, and benefit plan design options. We are available for member education events regarding health plan benefits, as well as wellness events. Our goal is to make it easy for the district's employees to engage in their health at home, online and at our facilities. This is our all-inclusive approach that saves the district money, which supports the school's budget, as well as the health and well-being of their empoyees. Other achievements include Kaiser Permanente sponsoring the Thriving Schools program which is a comprehensive, multi-

Carrier	Category	Efforts and Achievements
		year effort to support the health of students, staff and teachers in the communities that KP serves. Priority areas for Thriving Schools include promoting healthy eating, encouraging physical activity, supporting social and emotional health and creating a healthy school environment. In order to meet our goals, KP partners with several community organizations: The Alliance for a Healthier Generation is recruiting districts and schools to their Healthy Schools program designed to create a healthy school environment. Longview School District has signed up to participate. This year Playworks has provided training to 60 adults to lead active play in 7 schools in the Evergreen School District. In May, 17 schools in Clark and Cowlitz County have signed up to participate in the Spring Fire Up Your Feet campaign that encourages staff, students and their families to be physically active before, during and after school. For the Fall, 2013 challenge, 12 schools had signed up. Kaiser Permanente's Educational Theatre Production, The Pressure Point!, was hosted in 33 schools in Clark and Cowlitz County engaging 5,256 kids and 255 adults in making healthy life decisions. The School Based Health Alliance's Hallways to Health program expands the role of school based health centers in advancing obesity prevention and social and emotional health. Washington Middle School School Based Health Center in Seattle is part of the learning collaborative supported by Kaiser Permanente.
Carrier 4	**Part-Time Employee Coverage Protection**	Benefit eligibility is determined by the group and we are happy to accommodate covering part-time employees.
Carrier 5	**Administrative Cost Reduction**	UnitedHealth Group has been executing on a plan to reduce run-rate operating costs by $1 billion and derivative medical costs by $2 billion through the application of improved payment integrity. The targeted savings come from five principal categories: * Quality. Eliminating waste and improving core operating process performance. * Automation. Reducing manual processing by leveraging technology. * Integration and Modernization. Advancing a more integrated, simple and modern processing environment, including significant cost savings from decommissioning legacy acquired and redundant platforms.

Carrier	Category	Efforts and Achievements
		* Procurement and Sourcing. Cost reductions related to optimizing procurement and sourcing. * Payment Integrity. Medical cost reductions from improving payment accuracy and from various program integrity offerings and other initiatives to reduce improper billing and payment. These initiatives, along with other ongoing productivity initiatives, are key to achieving our target of reducing our operating costs and medical costs associated with clinical billing practices over the long term. We have far exceeded our initial goals and have line of sight to substantial additional savings in 2014 and beyond with particular focus on advancing automation, achieving next stage integration, improving the effectiveness of our clinical operations and further advancing our payment integrity efforts. Overall we expect productivity efforts to improve our operating cost ratio on an equivalent business mix by an average of 20 to 40 basis points per year over the next several years. We also believe that helping our members get the best care is the best way we can address cost. By utilizing a comprehensive range of tools and resources, our strategic account management team (AMT) will work with you to design customized solutions. Your priorities provide the framework to guide the process. Here are some examples of how UnitedHealthcare is leading the industry in addressing medical costs, while at the same time promoting the health of our members: ENHANCING QUALITY ACROSS THE ENTIRE SYSTEM By building on our provider relationships and centering our efforts on the best providers, we have achieved a broad national network that is the largest, individually owned network in the nation. But the data is clear that there are differences in the way individual physicians and hospitals deliver care, and these differences result in wide variations in both the quality and cost of care delivered to consumers. Building on this knowledge, we support health care professionals with the right tools, such as the best available scientific guidance and performance feedback. To enhance and incent high-quality, efficient health care in our networks, we offer the UnitedHealth Premium program to all of our customers and members at no additional charge. HELPING PEOPLE THROUGH TAILORED CLINICAL SOLUTIONS

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Carrier 5	Cost Savings	Our organizational mission is to help people live healthier lives—to identify opportunities to improve their health earlier rather than after a medical event. Our goal is to be able to identify members with health risks sooner, help them keep chronic conditions under control and have more information about that individual available to us when they need our help. Through our eSync technology platform, we are able to integrate data from numerous sources, such as medical and behavioral health claims, pharmacy data, lab results and health assessments. This means we can create a whole-person view of each member to get a clear picture of his or her health status. eSync then helps us identify opportunities for intervention before a major health event occurs. Intervening early can influence as much as half of overall costs. We designed our claim system specifically to control costs, prevent payment of non-covered services and protect from fraud and abuse. COST CONTROL FEATURES *Secure, tested load of the benefit plan for online benefit calculation * Online eligibility determination * Online coordination of benefits detection and calculation * Online duplicate detection * Online deductible and out-of-pocket calculations * Online application of negotiated rates * Online utilization review and calculation FEATURES INTENDED TO PREVENT PAYMENT OF NON-COVERED SERVICES * Secure tested load of the benefit plan to include non-covered services * Online medical guidelines that can specifically indicate non-covered procedures * Complete quality review to focus on non-covered services * Complete training of specialists about coverage specifics PROTECTION FROM FRAUD AND ABUSE * Online security module to prevent unauthorized access to the claim system or payment beyond authorized limits * National physician and other health care professionals file unit to prevent loading a physician or other health care professional into the claim system until completion of detailed investigation * Anti-Fraud and Recovery Solutions (AFRS) a comprehensive program designed to limit the impact of abuse and fraud for customers and for us * A comprehensive training and fraud awareness program used to train transaction teams, underwriting and customer service representatives to identify potential fraud issues * Designated transaction center and health plan staff throughout the country who works with AFRS to detect and prevent inappropriate medical benefit payments resulting from abuse or fraud

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		* A clinical prospective review program that uses internal flags to review suspect claims prior to payment * A recovery team that investigates possible overpayments related to abuse and fraud and recovers funds lost through those practices * A compliance program that ensures adherence to local, state and federal laws related to potential fraud matters and how they are handled HOSPITAL BILL AUDITS Our hospital audit vendor receives a monthly claim payment extract for inpatient and outpatient claims that exceed $10,000 in billed charges. The vendor runs those claims against its database and selects those that are candidates for audit. Selection is based on diagnosis, type of services rendered and previous billing history with a facility. In an up-front review of the claim information against a copy of the hospital bill, the audit vendor may detect a hospital billing error. Other claims may be subjected to an in-depth review of all charges against the hospital's medical records. This is referred to as a line-by-line review of billed charges. Our vendor will schedule and complete the audit. The vendor collects the refund, deducts its fee for services and sends the net refund amount to us. The fee is contingent upon recovery. HIGH-DOLLAR CLAIM NOTIFICATION PROCESS The high-dollar claim notification process notifies various business areas and the customer, as appropriate of high-dollar claims. It includes an additional operational review of claim payments of $250,000 or more before the payment is released, and payment notification at the $250,000 level. Designated representatives from the production (claim) department's Development and Standards, and Quality organizations ensure that benefits are paid according to existing policies and procedures, and audit the claim using established audit criteria. After this review, an Operations High-dollar Claim Review Committee reviews the proposed claim payment to confirm that claim payment is reasonable and accurate according to benefit plan guidelines, contracts with physicians and other health care professionals, industry guidelines and our reimbursement policy. Online claim payment information is always available through Employer eServices. OVERPAYMENT RECOVERY We have a comprehensive internal recovery program. In addition to our team of employees dedicated exclusively to recovering overpayments, we can recover overpayments from physicians and other health care professionals by offsetting future payments. To supplement our internal recovery efforts, we use a number of vendors to maximize recovery. Recovered dollars are returned to the customer's bank account. CREDIT BALANCE RECOVERY Credit balance recovery is a component of overpayment recovery performed by an external vendor. Credit balance recovery is performed by AIM Healthcare, part of OptumInsight, a UnitedHealth Group company. AIM performs on-site reviews of positive balances or credits existing on customer accounts and is responsible for identifying,

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		validating and recovering the overpayments on our behalf. AIM retains a percentage of the recovered amount as reimbursement for the cost of this service. COORDINATION OF BENEFITS During enrollment, we ask for other coverage information for both employees and their dependents. We load this information into our claim system. Then, if during claim processing, an indicator states that other coverage is applicable to any dependent, our system denies that dependent's claim and requests a primary insurance statement for the dependent. We request an update to other coverage status every 12 months unless there is an indication of other insurance present. If complete coordination of benefits (COB) information is not provided on the enrollment application, we may send an inquiry letter or call to the member requesting the information we need. NETWORK SAVINGS We offer our customers and members three levels of reimbursement programs. While our traditional discounts save expenses on network services, we also have two non-network strategies that lower the costs of non-network and out-of-area claims. We offer our customers and members three levels of reimbursement programs. While our traditional discounts save expenses on network services, we also have two non-network strategies that lower the costs of non-network and out-of-area claims. FIRST TIER - TRADITIONAL DISCOUNTS Our traditional networks are broad with easy access and benefit designs that encourage members to use our network services whenever possible, resulting in the highest possible claim savings. Our contracting process capitalizes on both our national strengths and our local market knowledge and expertise to achieve our national network goals. Our contracting efforts are designed to: * Increase access by maintaining a large number of physician and other health care professionals in a variety of specialties * Establish positive and supportive physician relationships that promote delivery of quality health care to all of our members * Reimburse physicians only for those services actually rendered and only for services that are medically appropriate * Achieve the most favorable price through fixed, negotiated rates SECOND TIER - PHYSICIAN SHARED SAVINGS PROGRAM The Physician Shared Savings Program (SSP) makes up the second-tier level of discounts in our discount program by enhancing our traditional participating network. It includes both wrap network discounts and claim-specific negotiations. We have contracted with Multiplan, First Health Group, Viant and other non-logo networks, which have thousands physicians contracted nationally for vendor wrap. SSP discounts can apply regardless of the member's benefit level. This means that SSP may apply to non-participating claims, including radiology, anesthesiology, pathology and laboratory services (RAPL), regardless of benefit level. Through these programs, a discount may be applied when a member accesses a wrap network physician.

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		ADVANTAGES TO EMPLOYERS * The programs are easy to administer. Discounts are automatically applied when a claim is processed and are noted on the member's explanation of benefits (EOB), eliminating any need for employer intervention. * Plan changes are not required. ADVANTAGES TO MEMBERS * Members who receive services from these programs benefit from reduced coinsurance dollars for their discounted fees. * Physicians and other health care professionals participating in the SSP vendor's network are prohibited from balance billing members when their contractual discount is taken (^). * Members will not receive a separate SSP provider directory, but electronic access to the SSP vendor directory is available to the member through myuhc.com. Savings are applied post-service when an SSP physician or other health care professional has been used. * Easy-to-read billing identifies when an SSP physician and other health care professional was accessed that resulted in cost savings. * Special claim forms are not required when a member accesses the SSP physician or other health care professional. (^) There may be situations in which the SSP providers are not paid per the SSP, but are instead paid like other non-network providers. In such cases, the member's out-of-pocket cost will be the same as if discounts were not available through the SSP THIRD TIER – MAXIMUM NON-NETWORK REIMBURSEMENT PROGRAM In addition to our SSP program, our Maximum Non-Network Reimbursement Program (MNRP) offers yet another alternative to help reduce the impact of rapidly rising, uncontrolled non-network expenses. Instead of basing non-network reimbursement on uncontrolled, charge-based prevailing fees, we reimburse plan expenses according to standards established by the federal government (such as Medicare). Members retain the freedom of choice to access either network or non-network health care services, but realize they may carry a more significant financial responsibility when using non-emergency, non-network services, thereby creating a member incentive to use our broad, discounted network. Under this approach: * Reimbursement for non-emergency, non-network physicians and other health care professionals including non-network facilities is based on a percentage of the published rates allowed by Medicare for the same or similar services. These standards are cost-based payment methodologies established by the Centers for Medicare and Medicaid Services (CMS). Medicare's payment methodologies are widely understood and accepted by physicians and other health care professionals. * The program applies only to non-emergency services that are provided by non-network physicians and other health care professionals including non-network facilities. However, it does not apply when non-network services are coordinated and approved by UnitedHealthcare as covered network services, or to any other non-network services that are considered payable as a network benefit. * If no Medicare rate exists for a particular service, then the eligible charges will default to 50 percent of billed charges.

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		* This program can be administered alongside our SSP, with the Medicare-based reimbursement levels applying only where savings are not obtained under that program. We make information available in a variety of ways to assist employees in understanding how the program works. This includes written consumer materials, conversations with customer service representatives, consumer activation messaging on health statements and information on myuhc.com. RESULTS SHOW MNRP WORKS For employers with MNRP, the rate of total cost trend on average slowed 1 percent to 2 percent within the first year. We expect additional savings beyond the first year. These savings can be attributed to a combination of change in employee behavior from non-network physicians to network physicians, and to lower reimbursement to non-network physicians. For employers who experience high non-network utilization, savings can be significantly higher. This program is not only reducing the impact of escalating non-network cost trend, but is also encouraging physicians to join our network. It is just one more component of our commitment to providing practical, affordable products and services, along with extensive network access to quality care.
Carrier 5	**Customer Service**	We like to keep things simple. So we offer members an array of easy ways to learn more when they have questions: mobile apps, educational websites, communications and digital newsletters. Available 24 hours a day, seven days a week, mobile devices help us meet our members where they are, in location and in functionality. Members and their families can make their health care decisions faster, easier and more conveniently than ever before with several mobile capabilities. The mobile version of myuhc.com provides links to the most common features accessed on myuhc.com using a Web optimized browser view. Our mobile application, Health4Me, provides instant member access to health care information, the nearest physician, the status of a claim, treatment costs or to speak directly with a nurse or have a representative call back. Our member tools and mobile applications are integrated and access our core systems – the same systems accessed by member services and clinical staff. In 2013, members made 8.9 million transactions via Health4Me, accessing information and support whenever and wherever they needed it. Because we’ve dialed up our communication options to meet changing service patterns, we’ve been able to dial down our CSR to member ratios, yet still earn high satisfaction levels. It helps that we’re also good at answering questions correctly the first time, provide EOBs that are easy to understand, and pay claims right the first time. A handy statistic – the number of calls per 1,000 members – assures us that we’re moving in the right direction. In 2010, we received 91 calls per 1,000 members, but in 2011, only 59.3. In 2013, that number dropped even lower, to 57.2 calls per 1,000 members. And caller satisfaction levels with our customer service representatives (CSRs) – as measured by the post-call United Experience Survey – is currently at 95 percent. We are proud that UnitedHealthcare recently received three honors in the national “Best in Biz Awards” for online and mobile programs and services that engage consumers in their health and make it easier for them to navigate the health

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		system. * myClaims Manager earned gold in the Consumer Service of the Year category * Health4Me mobile app received silver in the Consumer Product of the Year category * UHC TVSM earned bronze in the Website of the Year category Health4Me also earned the 2013 eValue8 Innovation award, which recognizes innovative work of health plans to develop programs that address critical health care issues. However, when members do choose to call us, our CSRs are at the ready to provide members with access to a range of information and services: medical benefits, claims, pharmacy, financial, behavioral, clinical, incentives, health education, provider research, appointment scheduling, treatment cost estimation, and more. Our Enhanced Service Model combines expert service with meaningful advising for a complete member service experience. Our CSRs are available from 8 a.m. to 8 p.m., Monday through Friday, for all covered members in their local time zone, based on the area code they are dialing from. To facilitate these hours of service availability, calls are forwarded to an alternate customer care center outside of the normal operating hours of the primary customer care center. SERVICE Managing a claim or benefits problem or resolving a billing dispute can be a huge stressor for members. These issues are often too complex for members to sort out on their own, or even discuss with their doctor. They want to call an expert who will work through these issues immediately. Equipped with powerful technology, resources and key contacts, our experienced customer service representatives can alleviate that stress by taking ownership of the problem and resolving nearly all issues during the first call. Depending on the situation, the CSR will: * Call providers or billing agencies for members to resolve claims issues or obtain additional information to pay a claim. * Work directly with our internal business partners to resolve inquiries not resolved on the phone. * Follow-up with members to report on status or resolution of an inquiry. On another level, our technology capabilities help our CSRs deliver a more personalized and effective customer care experience to your members. For example, the CSR is ready to: * Offer personalized messages to educate members on ways to improve health or reduce costs. * Give a snapshot view of all products members can use to their advantage. * Use an advanced knowledge management system to better answer members' questions. CSRs have special navigational access to claim and benefit information, reducing the amount of time the member stays on the phone. However, we think it's important to note that we don't limit talk time, as we believe the member determines how long the call lasts based on their questions and concerns. Having a CSR who assumes full ownership of member issues, and takes responsibility for fast resolution of inquiries translates to satisfaction. Caller satisfaction scores with CSRs consistently exceed 94 percent.

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		ADVISING With member behavior driving 50 percent of health care utilization, we must use every touch point possible to engage members in their health and well-being. In addition to providing expert service, we believe the customer service representative's role is to advise members on how to maximize their health care investment and improve their health care decision making abilities, which ultimately affects the health of your bottom line. To that end, CSRs work to: * Educate members on various health- and financial-related topics, including network doctors, generic drug utilization, UnitedHealth Premium provider designations, and ways to optimize consumer driven health plans (CDHPs). * Promote educational campaigns to improve enrollment or utilization of value-added programs, such as online wellness services or certain procedures like mammography screening. * Engage our medical directors or nurses to resolve clinical concerns; or even tap financial experts to resolve a member's questions or problem. They can even help make an appointment with a physician. We know that health benefits offerings are complex and the system is often difficult to navigate. Helping members understand their benefits and how best to use them results in better health, lower out-of-pocket expenses and savings for your employees. KNOWING YOUR MEMBERS To deliver exceptional service performance, we feel it's imperative to talk to you directly, learn your company culture, know your service objectives, and discern the specific needs of your employees. Your AMT will meet with you to review the specifics of your benefits plan, plan set-up, special processing provisions, and most importantly, your members' needs, your culture and your specific directives. To tailor a service strategy, we pay close attention to: * Past experiences (likes, dislikes, service issues, expectations) * Employee demographic factors (age, sex, race, marital status, income level, education) * Geographic factors (locations, urban/suburban, rural) * Behaviors (lifestyle choices, attitudes) * Your industry dynamics (products, markets, competitors, work force) From there, we tailor a service strategy to your satisfaction, and execute a detailed training plan for our customer service representative team—one that focuses on how you like to do business OUR CUSTOMER SERVICE REPRESENTATIVE TEAM To help members make better health care decisions and utilize benefits effectively, you need a team skilled in listening, responding and influencing. We have assembled a team of remarkable customer service representatives whose focus on building rapport and managing relationships is as important as their knowledge of benefits, policies and procedures. Team members have withstood a rigorous selection process and a comprehensive 15-week training program that focuses on extensive soft-skill, product and process training. They will be thoroughly trained on your culture, your people and your

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		goals, and we will tie their compensation to your satisfaction, with a quarterly bonus program that is weighted on member satisfaction and quality. All of their training and performance objectives will be aligned with your strategy and your expectations of us. ONE STOP SERVICE POSSIBLE WITH INTEGRATED TECHNOLOGY We have a history of using innovative technology, alongside our people, to connect better with members and drive behavior change. Customer service representatives access an integrated systems platform, so they can instantly answer questions on a broad set of benefit programs and services. We are currently resolving 95 percent of calls while the member is on the telephone with us, by accessing a myriad of information online, including medical, pharmacy, Flexible Spending Account (FSA) and Health Reimbursement Account (HRA) data, as well as all other relevant benefit- and claims-related information. We can also support interfaces to many external programs and health care professionals We also maintain online resource tools so we can easily reference the nuances of your culture, preferences, benefits, programs, special services and all training materials specific to your plan. To enable CSRs to communicate effectively with a diverse group of members, we use a tool called Behavioral Analytics. This innovative technology analyzes the caller's voice and predicts caller dissatisfaction or distress. The tool allows us to personalize our call handling, based on each unique member's needs and attitudes. We also use the results to provide ongoing training and coaching for our customer care staff. The results are higher levels of member satisfaction and greater first-call resolution. By leveraging technology, people and time to connect on a personal level with each individual, we aim to fully engage members in their health. Engagement and behavior change will bring about better health for your employees and for your bottom line. STATISTICS Our 2013 national customer care statistics are: * Average speed to answer: 23 seconds * Abandonment rate: 1 percent * First-call resolution rate: 92.37 percent * Overall call quality: 98.3 percent * Ratio of CSRs to members: 1:12,000 * Number of CSRs: over 1,300
Carrier 5	**District Management of Health Plans**	Below are just of few the efforts we have in place to help the districts manage health benefits. UTILIZATION MANAGEMENT Our utilization management program focuses on helping members receive the right care in the right setting at the right time by evaluating the quality, continuity, timeliness and outcomes of health services. Our medical directors and nursing staff work closely with health care providers to ensure treatment plans are consistent with evidence-based guidelines, are

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		clinically appropriate, cost effective and optimize health care outcomes. PRIOR AUTHORIZATION We require prior authorization of certain services and procedures to identify gaps in care, confirm available benefits, assess for inpatient care management and discharge needs, identify readmissions, apply medical policy and coverage review of certain services and procedures, prevent delays in care and promote delivery of the physician's treatment plan. For services requiring advance notification, we authorize the service as well as the treatment setting. CLINICAL COVERAGE REVIEW Clinical coverage review (CCR) encompasses pre-service review and medical claims review (retrospective review). We provide pre-service review for services that require advance notification and prior authorization. Medical claim review provides post-service clinical review of claims using medical policies and benefit plan documents. We review claims for coding appropriateness, reimbursement and claim code edits. Our CCR team also reviews appeals related to adverse determinations. CCR sends the case to the appropriate medical director (not previously involved in the case, in the same specialty). Medical directors may determine the case requires external physician review. ADMISSION NOTIFICATION We require hospitals, skilled nursing facilities and acute rehabilitation facilities to notify us within 24 hours of all inpatient facility admissions or by next business day for weekend admits. For emergency admissions where a member/enrollee is unstable and not capable of providing coverage information at the time of admission, the facility should notify UnitedHealthcare as soon as the information is known and communicate the extenuating circumstances. CARDIOLOGY PRIOR AUTHORIZATION PROGRAM We require cardiac prior authorization for: * Diagnostic catheterization * Electrophysiology (EP) implants: defibrillators and pacemakers RADIOLOGY PRIOR AUTHORIZATION PROGRAM We require radiology prior authorization for: * Advanced outpatient imaging * Positron emission tomography (PET) Scans * Computerized tomography (CT) Scans * Nuclear medicine INPATIENT CARE MANAGEMENT Inpatient care management (ICM) nurses perform on-site or telephonic review. Nurses evaluate all cases assigned early on the same business day and determine the frequency of review at that time. Continuing a trend of consistent improvement in every year since 2008, our average commercial inpatient days per

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		thousand declined by 3.1% in 2012 compared to the previous year. The 2012 performance translates to an annual inpatient savings of $6.53 per employee per month (PEPM). CONCURRENT REVIEW Concurrent review is a component of inpatient care management to ensure a hospital stay is proceeding as planned. Nurses complete an initial assessment to determine the goal length of stay, which determines the frequency of review and/or referral to other care management programs. Nurses use Milliman Care guidelines, internal protocols, and our proprietary risk-scoring tool to prioritize reviews. DISCHARGE PLANNING Nurses work with the attending physician and hospital to coordinate the timely delivery of hospital services. The inpatient care management team assists with the arrangements for alternative services or programs, as appropriate, and facilitates discharge and/or transition to a lower level of care at the appropriate time during the course of care. Members may also be enrolled in transitional case management for ongoing care or to holistically address a particular condition as part of notification or during discharge planning. TRANSITIONAL CASE MANAGEMENT Our Transitional Case Management program serves as a bridge between the hospital and home for members at high risk of readmission. Designed to ensure that post-discharge plans and home health care needs are being met, Transitional Case Management supports members with the greatest needs in order to avoid preventable hospital readmissions. ESYNC TECHNOLOGY PLATFORM Our care management model is uniquely positioned by virtue of our eSync Platform. Simply put, eSync employs a technologically-advanced solution and logic set to promote a healthier culture and long-term health care value for all consumer populations, from the most healthy to those at the greatest risk. This robust platform allows us to synchronize wellness, behavioral and clinical programs across the spectrum of care. Rather than simply integrating multiple programs into a single view on a nurse's computer screen, eSync delivers an optimized and concerted set of features, synchronizing complex and vast data streams with value-based opportunities for proactive actions, and accounting for consumer science—intelligence about the specific member's stage of life, readiness to make changes and any other life and health-impacting situation. More specifically, eSync drives the following: * Total population monitoring and holistic member view. Constant monitoring and synchronization of population data to build a holistic view of each member using a combination of pre-adjudicated medical and behavioral claims, pharmacy data, lab results and leading clinical indicators as well as behavioral and worklife elements. * Proactive health management: * Identification of opportunities for intervention relating to more than 50 states, such as heart failure, breast cancer, epilepsy, osteoporosis and depression. Disease monitoring gaps, medical management considerations, medication

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		adherence and interaction alerts, provider and treatment choice options, lifestyle enhancement opportunities, and money saving tips are all used to help members make better informed decisions. * Because we are capturing incurred claim data, rather than adjudicated claim data, we have access to actionable information in as little as five days, where the industry average is 120 days. And, most importantly, because almost 65 percent of our value drivers are proactive, identifying opportunities before a major health event occurs, we can focus on prevention and not simply gaps in care. * Quantification and prioritization of opportunities for intervention using value drivers that evaluate the expected impact on utilization, spending and required effort to close gaps. We can prioritize and focus on those opportunities with the biggest potential clinical and cost impact. Value drivers focus on linking members with the right providers, the right treatments, the right medications and the right lifestyle choices. Members are guided to the optimal care providers and facilities for their unique care needs, including UnitedHealth Premium designated physicians and facilities as well as over 1,300 Centers of Excellence. * Member engagement—Increased member engagement by providing access to tools and information such as the personal health record, online Web-based behavior modification programs, health assessment results and health kiosks along with access to personalized HealtheNotes messaging via mail and our member and physician portals (myuhc.com, UnitedHealthcare Online). HEALTHENOTES HealtheNotes messaging is also delivered by nurses via telephone and secure email for high-risk members engaged in one of our acute or chronic condition management programs. Expanded capabilities being explored for the future include delivering personalized consumer messaging via mobile phone or IVR. HealtheNotes Reminders are the one of the vehicles that can communicate these opportunities to the member. These communications are proven interventions that incorporate distinct patient messaging to improve the quality of care and create a more engaged and compliant consumer. Through eSync, we are able to execute on the concerted delivery of care management, which is accomplished by synchronizing vast and complex data streams with evidence-based medicine rules and value-based opportunities, all focused on clear, concise and immediately actionable recommendations. The result is that all nurses, health coaches and providers across every one of our care management programs will be able to monitor any gaps in care that arise for their members. They are notified of care opportunities and can easily review and discuss any gaps in care or messaging that were identified and sent to the member, resulting in a fully integrated program and member experience. USING MOBILE TECHNOLOGY Mobile devices help us to meet our members where they are, in location and in functionality. Members and their families can make their health care decisions faster, easier and more conveniently than ever before with several mobile capabilities.

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		The mobile version of myuhc.com provides links to the most common features accessed on myuhc.com using a web optimized browser view. Since the view is optimized for mobile devices, it is easier for members to quickly navigate to and read the information they need on the device's smaller screen. Our award-winning mobile application, Health4Me, provides instant member access to health care information, the nearest physician, check the status of a claim, look up treatment costs or speak directly with a nurse or have a representative call back. Our member tools and mobile applications are integrated and access our core systems – the same systems accessed by member services and clinical staff. We also provide several direct-to-consumer mobile apps and web sites. For example, members can take charge of their health and fitness activity with OptumizeMe, a direct-to-consumer mobile health challenges application. Members can use the Smart Patient mobile application to help prepare for doctor visits using checklists and accessing those checklists during their appointment to help remember important details. HEALTH4ME MOBILE APPLICATION We put your employees' health care resources in their hands. Health4Me provides your employees with instant access to their health care information — anytime/anywhere. Whether they want to find the nearest physician, check the status of a claim, look up treatment costs or speak directly with a nurse or have a representative call back, Health4Me is their go-to resource for everything health related. Health4Me is one in a series of UnitedHealthcare technology advancements designed to simplify and enhance the member's total health care experience. Health4Me is available for iPhones and Android and can be downloaded free of charge using the mobile device. A myuhc.com username and password are required to use the application. Please access a demo at http://www.welcometomyuhc.com/health4Me/index.html MYUHC.COM MOBILE VERSION Members accessing the full myuhc.com website from their smartphone device are given the option to access the mobile version. The mobile version of myuhc.com provides a web-optimized browser experience. With an easy-to-use interface, members can quickly access the features that are most commonly used on our full website. After entering their username and password, members have easy access to the features they use most: * Find a provider or hospital at the touch of a button based on current location * View (and share) ID cards * View basic benefit information * Check account balances * View claims history Members seeking health care when they are traveling or in a new neighborhood can appreciate easy access to important health information no matter where they are. A myuhc.com username and password are required to the use the mobile version of myuhc.com. SMART PATIENT

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		We have been partnering with renowned heart surgeon and host of The Dr. Oz Show, Dr. Mehmet Oz, since 2006 to promote the UnitedHealth Premium program and health and wellness initiatives. We teamed up with this author of the New York Times bestselling book, YOU: The Smart Patient, to provide information about quality and cost-efficient health care. The UnitedHealthcare Smart Patient mobile application is part of a series of UnitedHealthcare technology advancements designed to simplify and enhance the health care experience for all consumers. Smart Patient is designed to help users manage their health care activity so they can make informed choices at every step, giving users a portable reference to bring along to medical appointments that can help them get the most from their health care visits. Smart Patient users enter key health information (blood pressure, body mass index (BMI), cholesterol and waist size) and update it as things change. The application makes it easy to enter appointments and stay on track by setting reminders. Smart Patient helps users go to their appointments prepared, using built-in checklists that guide users with questions to ask: * During a doctor's appointment * Before a medical test * After a diagnosis * When filling a prescription * Before surgery * When being released from the hospital * If it's time to go to the emergency room By checking a few boxes, users can bring a list of questions and simply refer to their device during an appointment and review the list. Smart Patient users can even record and save voice and text notes during appointments – a great way to remember doctor's orders. In addition, UnitedHealthcare and Dr. Oz offer powerful tools and resources to help consumers become a smart patient. Users can watch short, informative videos from The Dr. Oz Show to get practical information and helpful health and wellness tips. Smart Patient also provides nutrition information and the most recent blogs from Source4womencommunity.com. UnitedHealthcare Smart Patient is available at no charge in the iTunes Store for iPhone and Google Play for Android. The application is for consumers in general, not just UnitedHealthcare members. Anyone can download and use the UnitedHealthcare Smart Patient application without a login ID. OPTUMIZEME With OptumizeMe, consumers have a way to pursue their health goals through online social networks. The direct-to-consumer mobile health challenges application was selected by Microsoft as a Premier Launch App and can be downloaded free of charge. OptumizeMe doesn't just track activity. It is a collaborator that helps motivate users to engage in wellness by making healthy activity a social activity. Using OptumizeMe, individuals can:

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Carrier	Category	Efforts and Achievements
		* Create health and fitness challenges * Track their progress * Compete and/or collaborate with friends * Post results to their Facebook page via their mobile phones OptumizeMe is available for iPhone, Android and Windows Phone 7 OS mobile devices. The application is for all consumers, not just UnitedHealthcare members. Anyone can download and use OptumizeMe without a myuhc.com login and password.
Carrier 5	**Part-Time Employee Coverage Protection**	Employee eligibility is determined by the employer. Individuals working 20 or more hours per week are considered eligible according to the terms of the Policy.
Carrier 6	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
Carrier 6	**Cost Savings**	Providence Health Plan has invested in preventive care and chronic care management to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, inititatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
Carrier 6	**Customer Service**	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response systement and call tracking software for real time an historical activty. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
Carrier 6	**District Management of Health Plans**	Providence Health Plan has best-in-class medical and care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy benefit management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. PHP will work with the districts and their producers or consultants to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
Carrier 6	**Part-Time**	We allow coverage for part-time employees, if the employer requests it. We will also be compliant with PPACA regulations

Carrier	Category	Efforts and Achievements
	Employee Coverage Protection	pertaining to coverage for part-time employees.
Carrier 7	**Administrative Cost Reduction**	Continued integration of operational and administrative function into the GHC parent organization eliminates redundancy and controls admistrative costs.
Carrier 7	**Cost Savings**	Pre-authorization requirements and large-case management services
Carrier 7	**Customer Service**	KPS continues to mainatin levels of customer service for all customers that earned consecutive 'highest-rated' awards from OPM for the FEHB program.
Carrier 7	**District Management of Health Plans**	Select negotiated accounts receive their rate-development projection and basic experience data
Carrier 7	**Part-Time Employee Coverage Protection**	Yes, on a negotiated case-specific basis
Carrier 8	**Administrative Cost Reduction**	Uniform Medical Plan: UMP's competitively awarded TPA contract with Regence BlueShield is in place for four years, which limits administrative costs. It also limits fee increases for additional renewal years.
Carrier 8	**Cost Savings**	Uniform Medical Plan: 1. For the PEBB self-insured population (UMP Classic and UMP Consumer-Directed Health Plan), these plans participate in a primary care multi-payer medical home project. This is the second year of two-year pilot. 2. UMP also offers Intensive Outpatient Care Program for patients in the top 5-15% of medical spending. This program directs additional payment to primary care providers to manage their care. 3. The plan does not pay for hospital readmissions for three conditions. 4. UMP is self-funded and contracts third-party administrator (TPA -Regence BlueShield) that manages the provider contracts within the network and enforces penalties if health-care cost trend exceeds specified limits set in the contract.
Carrier 8	**Customer Service**	Uniform Medical Plan:

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Carrier	Category	Efforts and Achievements
		The Health Care Authority has industry stamdard customer service requirements in place with our contracted Third Party Adminsitrator (TPA). The standards are measured and subject to financial penalties and a corrective action plan if the goals are not met.
Carrier 8	**District Management of Health Plans**	Uniform Medical Plan: All PEBB programs in effect are directed to the entire PEBB population within a community rated risk pool. There are no programs specifically targeted to K-12 district populations.
Carrier 8	**Part-Time Employee Coverage Protection**	Uniform Medical Plan: Eligibility for PEBB benefits, as determined by the PEBB Program, includes part-time employees who work an average of at least 80 hours per month and at least eight hours in each month for more than six consecutive months.
Carrier 9	**Administrative Cost Reduction**	We are continually exploring innovative ways to help control costs while seeing that our members receive quality care. We have initiated several efforts to better manage our health care costs, as well as our selling, general and administrative (SG&A) expenses. For example, the Executive Management Information System (EMIS) is an automated single source of certain financial, medical cost management, operational reporting, sales and human resources data which fosters a “one-company” view and culture, allowing for greater profit and loss (P&L) accountability. Another key process in managing operating costs is a monthly review of our SG&A expenses by type of spend and business area with a goal of improving discipline, consistency and accountability. Additionally, we have developed a robust forecasting and planning tool has been developed and implemented to foster accountability, enhance predictability and ultimately reduce SG&A costs.
Carrier 9	**Cost Savings**	Aetna uses a rigorous, dual approach to evaluate medical costs and identify opportunities to manage medical cost and trend. This process allows for proactive development and timely implementation of action plans and initiatives that control medical costs and improve utilization patterns. Examples of initiatives that were implemented to address medical cost opportunities are: (1) Emergency room frequent utilizers, (2) Home health care steerage to efficient and effective providers, (3) Multiple strategies to promote the use of participating providers, (4) High-tech radiology steerage, and others.
Carrier 9	**Customer Service**	At Aetna, we make very deliberate decisions and investments to connect our customers and members with solutions that meet their changing needs. A smarter health plan helps members take charge of their health and health care and to think and act like informed consumers. We offer members a variety of ways to get customer service information through our use of : (1) friendly, knowledgeable and proactive customer service representatives (CSRs), (2) Secure member website, (3)

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Carrier	Category	Efforts and Achievements
		Interactive voice response technology, and (4) Smartphone applications When members call, our CSRs not only answer their questions, they proactively educate callers about their plan of benefits, tell them about programs are available to them, and encourage them to use – and assist them with – our online resources to help them become more informed health care consumers. Our online services are continually monitored and improved to make self-service a pleasant, productive and hassle-free experience.
Carrier 9	**District Management of Health Plans**	With the right tools and technology, school districts can streamline their interactions with us, manage employee benefits, and understand where health care dollars are being spent. We have the technology, tools and expertise to help achieve exactly that. Our Employer Secure Website adds a "single sign-on" site for districts to access Aetna online tools. Districts will see additional eligibility, enrollment, online billing and report capabilities, as well as forms and content as we continue to roll out and develop the Employer Secure Website. Internet-based eligibility transfer solutions enable districts to quickly and efficiently transmit information to us. Through systems such as SecureTransport?, EZLinkTM and EZenroll®, districts receive the advantages of e-commerce; eliminating the need to submit paper forms, tapes, cartridges or diskettes.
Carrier 9	**Part-Time Employee Coverage Protection**	We typically follow the plan sponsor's definition of eligible employee as long as the customer's definition is otherwise consistent with applicable laws. Customers are responsible for confirming eligibility to enroll in coverage. We do not determine eligibility for individuals. We advise customers to seek their own legal counsel concerning the effect of applicable laws on their plans.

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District	Category	Efforts and Achievements
Aberdeen School District	**Administrative Cost Reduction**	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and selfinsured plans to reduce administrative expenses wherever possible 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Aberdeen School District	**Cost Savings**	We have implemented the following steps 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pool dollars 3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

District	Category	Efforts and Achievements
		F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective."
Aberdeen School District	**Customer Service**	We have worked to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Aberdeen	**Part-Time**	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements

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District	Category	Efforts and Achievements
School District	Employee Coverage Protection	to meet their specific group's benefits needs. 2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Aberdeen School District	Premium Differential Reduction	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Adna School District	Administrative Cost Reduction	The ASD works with AON Hewitt to provide the most efficient administering of employee health benefits. There is no specific cost to the district.
Adna School District	Cost Savings	Annually the ASD seeks premium quotes from various insurance companies or agencies in order to ensure our employees are receiving the most affordable premiums and coverage. In addition the Adna School District is working with the WEA to seek out the most affordable health care coverage for family coverage.
Adna School District	Customer Service	The ASD works with AON Hewitt to provide the most efficient methods of administering health benefits to employees. AON Hewitt has developed a more web based enrollment and reporting system, which allows a more interactive approach between the health adminstrator (AON), the school district, and the employees.
Adna School District	Part-Time Employee Coverage Protection	The ASD includes part-time employees with a minimum amount of hours to be included in the pooling arrangment based on the same eligiblity criteria and proration of employer contributions used for allocations for basic benefits as defined by the bargaining unit.
Adna School District	Premium Differential Reduction	The Adna School District is working with the WEA to seek out the most affordable health care coverage for family coverage, as well as working with the insurance companies to bridge the premium cost gap between family coverage and employee-only coverage.

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District	Category	Efforts and Achievements
Almira School District	**Administrative Cost Reduction**	We don't have internal or external administrative expenses directly attributable to managing district's medical benefits.
Almira School District	**Cost Savings**	The district contracts with the PEBB program whose cost saving measures include: 1. Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2. Purchasing coverage for medical tools and procedures that are evidence based. 3. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members recieve benefits.
Almira School District	**Customer Service**	The district follows the PEBB's guidlelines for determining employee elibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Almira School District	**Part-Time Employee Coverage Protection**	HCA requires district's provide opportunity to cover part time employees working 720 hours or more per school year.
Almira School District	**Premium Differential Reduction**	HCA complies with progress towards full family and employee only coverage
Anacortes School District	**Administrative Cost Reduction**	Premera has set goals to improve quality, improve the member experience while eliminating wasted time and work effort, improving efficiency while lowering expenses.
Anacortes School District	**Cost Savings**	Premera plans assists in negotiating higher discounts. Real time access to consumer decision support resources.Provider advisory groups for medical and pharmacy.
Anacortes School District	**Customer Service**	Wellness info on school website, Premera provides a website with access to information about the employee benefits, this includes a cost estimator which helps determine employee out of pocket costs.
Anacortes School District	**Part-Time Employee Coverage Protection**	SD requires 3.5 hours for medical and 2 hours per day for dental and vision. Premera works with enrollee to get coverage when full time hours have decreased.
Anacortes School District	**Premium Differential Reduction**	Premera introduced lower plans such as Easy Choice and HDHP.
Arlington School District	**Administrative Cost Reduction**	None
Arlington School District	**Cost Savings**	Implemented QHDHP for both Classified & Certificated staff. Made efforts to bring more affordable plans for Classified Staff.

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District	Category	Efforts and Achievements
Arlington School District	**Customer Service**	Invited Premera and BlueCross to Benefits Fair. Also, held informational meetings to review and discuss benefit options, along with a question and answer session.
Arlington School District	**Part-Time Employee Coverage Protection**	Offer access to coverage for employees working 17.5 hours per week for Classifed Staff and .5000 for Certificated Staff.
Arlington School District	**Premium Differential Reduction**	Made modifications to Certificated Pooling to give families more allocation dollars to purchase benefits.
Asotin-Anatone School District	**Administrative Cost Reduction**	We do not charge any administrative costs to employees. If the WEA has any administrative expenses they must be factored into the employee premiums, as we do not pay anything to the WEA other than premiums.
Asotin-Anatone School District	**Cost Savings**	Our District work closely with the WEA for lower rates based on state actuary numbers for the WEA group.
Asotin-Anatone School District	**Customer Service**	This year we worked to update our website as well as provide plan documents at our employee orientation day and at our health benefit fair. Numerous emails and updates are sent through out the year of changes, meetings or assistance days that become avalaible.
Asotin-Anatone School District	**Part-Time Employee Coverage Protection**	Our district has an agreement with the unions that any employee who works 4 hours or more 5 days a week (20 hours a week) is eligible for insurance. This exceeds the federal requirement of 30 hours per week. This allows more of our employees to be eligible for insurance.
Asotin-Anatone School District	**Premium Differential Reduction**	All employees whp participate in the medical plan are on a composite based premiums.
Auburn School District	**Administrative Cost Reduction**	ASD purchases medical plans through the WEA benefits program. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans. In order to reduce ongoing administration expenses, the WEA launched an online enrollment system in January 2013. The annual Open Enrollment was conducted in October, and was completed online, eliminating the need to so many paper enrollment forms. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate

District	Category	Efforts and Achievements
		in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Auburn School District	**Cost Savings**	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. ASD has made progress by aggressively negotiating lower premiums on their Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

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District	Category	Efforts and Achievements
Auburn School District	**Customer Service**	1. District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high. Call volume to the Benefits Helpline continues to increase. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans. Group Health has an award-winning website that allows employees to order prescriptons online, email their doctors, access test results, and see their medical records.
Auburn School District	**Part-Time Employee**	ASD has not changed part-time employees' access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical

District	Category	Efforts and Achievements
	Coverage Protection	insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted from their paycheck. ASD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Auburn School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP. ASD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.
Bainbridge Island School District	**Administrative Cost Reduction**	The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans. A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. In order to reduce ongoing administration expenses, the WEA launched an online enrollment system in January 2013. The

District	Category	Efforts and Achievements
		annual Open Enrollment was conducted in October, and was completed online, eliminating the need to so many paper enrollment forms.
Bainbridge Island School District	**Cost Savings**	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. BISD offers an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. 1. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Group Health is consistently recongnized for its ability to provide care very low medical trend inflation. 2. Evidence-based medical initiatives allow Premera and Group Health to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. 3. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. 4. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. 5. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. 6. Programs that monitor controlled medical substances to provide protection for members.
Bainbridge Island School District	**Customer Service**	1. District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high. 2. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. 3. Group Health has an award-winning website that allows employees to order prescriptons online, email their doctors, access test results, and see their medical records. 4. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.

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District	Category	Efforts and Achievements
		5. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. 6. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.
Bainbridge Island School District	**Part-Time Employee Coverage Protection**	BISD has not changed part-time employees' access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted from their paycheck. BISD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.
Bainbridge Island School District	**Premium Differential Reduction**	In 2013 the WEA continued to re-tier premiums for the Premera plans offered by BISD to reduce the differential between the employee-only and full family coverage. BISD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. administrators and bargaining groups, have noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully.
Battle Ground School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services. Kaiser:Our Lean Six Sigma Journey continues in 2013 and includes the following: • Green Belt Certification Program • Rapid Improvement Event Program • Sponsor/Champion Program

District	Category	Efforts and Achievements
		• Consultant Development Program • Experiential learning in Lean/Six Sigma tools and approaches for Leaders A number of managers have become Lean certified through creating systems improvements in scheduling, back office process design, and interdepartmental communication. Our Major focus in 2012 and 2013 has been to improve the service experience by enabling more care inside our own system and by improving access. We were able to achieve breakthrough performance changes in both areas. Specific examples of internalizations that have also improved service are Ventricular Assist Device, Retinal Surgery, Oncology in the Salem area, and Dialysis Access.
Battle Ground School District	**Cost Savings**	A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective." istrict: Please indicate if your district has done something specific in this area. Kaiser:• In 2013, we are building on success and momentum from 2012 performance to execute over $100m in initiatives

District	Category	Efforts and Achievements
		through internalization, elimination of waste and care transformation. • Expanded Onsite Wellness Partnerships • The Drug Utilization Action Team is continuing improvement in pharmaceutical costs by effective and timely conversions to generic products, working with providers to ensure appropriate usage and prescribing patterns, and leveraging lower cost formulary products whenever clinically appropriate. Current work also includes providing unblinded data on physician prescribing patterns by provider name, location, and specialty for specific targeted drugs. Individual physicians have access on a protected website with click-through graphics and comparisons. This initiative saved over $30M in 2012. Since the inception of this initiative in 2006, it has saved KPNW over $150M. We have several advantages inherent to our model which facilitate appropriate clinical and financial incentives to optimally manage specialty care, hospital care, ancillary care, and home health care. Our physician payment model is a combination of salary and variable compensation. The variable compensation is based on achieving key service, access, quality, resource stewardship, and productivity targets. Outcomes are tracked, reported and managed regularly using transparent data. We are able to deliver all of the elements listed within the current Kaiser Permanente delivery system. Our "glue" is our electronic medical record that is built around the patient with all elements of the delivery system using this singular tool. Our strength is the integration of our delivery system. We are one entity, so we have solved the financial issue around incentives for coordination and cooperation. Northwest Permanente P.C. (NWP) is an integrated medical group that includes Primary Care and Specialty Care together under one organizational umbrella. All providers are salaried with pay for performance incentives which are balanced between Quality/Evidence-Based Medicine, Service, Productivity and Resource Stewardship. This reimbursement model creates appropriate alignment to deliver high-quality affordable care. We do not have an incentive payment model that results in perverse incentives to over-treat and compromise our commitment to evidence based medicine. We not only embed evidence-based guidelines into our electronic medical record, we design our referral process around the proper scope of practice between primary and specialty care. The electronic referral process is mutually worked by both primary and specialty care and uses evidence based medicine, and expert consensus opinion. This process discourages unnecessary variation in care for common conditions. We use shared decision making to determine when a specialist or test is needed, but remain focused on the voice of the customer through the process. We ensure through our electronic systems that we do not duplicate tests. We have significantly reduced our re-admission rates through our transitions in care process which connects patients to primary care and pharmacy upon discharge.

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		Evidence-based guidelines are embedded into our electronic medical record. We have established agreements on evidence, and indications to allow primary care referrals to specialty care and specialist referrals to outside consultants for unusual circumstances. We track referrals regularly to monitor appropriate utilization and staffing needs. We track imaging utilization down to the individual provider level for critical imaging services in order to support evidence-based ordering.
Battle Ground School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.Kaiser:Kaiser Foundation Health Plan of the Northwest received the highest numerical score among commercial health plans in the Northwest region in the proprietary J.D.Power and Associates 2012 U.S. Member Health Plan Studysm (jdpower.com). Proprietary study results are based on experience and perceptions for members surveyed December 2012 – January 2012. One way we provide better service to Washington School District employees is by providing a variety of clinical access alternatives that make it easy for school employees to access their physicans in a variety of ways. For example, employees can email their physicians, view lab results online, have telephone consultations with their physicians and access a 24 hour nurse advice line all at no additional cost or time away from work.
Battle Ground School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost ofthe medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remian covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have

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		lower premiums and many first dollar benefits and also added the HDHP Plan.Kaiser:Rather than lowering cost differentials to favor family coverage, we use cost saving efforts to keep our total rate package affordable
Battle Ground School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as EasyChoice plan that have lower premiums and many first dollar benefits and also a
Bellevue School District	**Administrative Cost Reduction**	Our district utilizes a benefits broker to outsource eligibility management for active and COBRA administration. Additionally our broker generates all benefits enrollment materials, provides customer service advocacy, leads open enrollment orientations, coordinates benefits fair and provides custom online benefits portals for employees. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Bellevue School District	**Cost Savings**	We offer an array of benefit plan options to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to attend benefit meetings and meet with benefits specialists, attend a benefits fair, as well as personalized phone consultations prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs. Provider contracting - Premera has the highest number of providers in network in the state (98%+ of all claims are paid in network). Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

District	Category	Efforts and Achievements
		D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Bellevue School District	**Customer Service**	Our district utilizes a benefits broker to outsource eligibility management for active and COBRA administration. Additionally our broker generates all benefits enrollment materials, provides customer service advocacy, leads open enrollment orientations, coordinates benefits fair and provides custom online benefits portals for employees. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Bellevue School	**Part-Time**	We continue to provide medical coverage to part time employees, with eligibility requirements of 20 hours per week (HPW)

District	Category	Efforts and Achievements
District	**Employee Coverage Protection**	for most staff and 12 HPW for nutrition services. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. Premera has added lower cost options, such as EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Bellevue School District	**Premium Differential Reduction**	We believe we made progress toward increasing the affordability of coverage through requiring a mandatory employee contribution for each employee electing medical benefits. Employee only contribution are between 7.5% to 15% has been implemented for all health plans except the QHDHP. Premera provides a website with access to information about the employee benefits û this includes a cost estimator which helps them determine what provider may require less out of pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Bellingham School District	**Administrative Cost Reduction**	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. We have also worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Bellingham School District	**Cost Savings**	We have taken the following steps. 1: Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2: Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. 3: Use of purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts 4: Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Bellingham School District	**Customer Service**	We have taken the following steps: 1: Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2: Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3: Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4: Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Bellingham School District	**Part-Time Employee Coverage Protection**	We have continued to work with all bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. We have also provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Bellingham	**Premium**	We have implemented the following steps. 1: Implemented minimum premium contribution for all currently bargained

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School District	Differential Reduction	employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2: Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. 3: Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Benge School District	Administrative Cost Reduction	Administrative expenses are low because we have very few employees that receive benefits
Benge School District	Cost Savings	a. Provider contracting – has the highest number of providers “in network” in the state (98%+ of all claims are paid “in network”). j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs
Benge School District	Customer Service	Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educat
Benge School District	Part-Time Employee Coverage Protection	If an employee works 4 hours or half time then they qualify to receive benefits.
Benge School District	Premium Differential Reduction	Initiated a percentage of out-of pocket for all contributing memebers
Bethel School District	Administrative Cost Reduction	No action taken.
Bethel School District	Cost Savings	We saved our employees approximately $2 million in premium increases by switching medical insurance providers. Our new provider also shares our district's complete plan experience, which was not available from our previous provider. This will help us in the future with securing more competitive health insurance bids.
Bethel School District	Customer Service	We hired a new Benefits Coordinator, dedicated to delivering high quality customer service to our employees
Bethel School District	Part-Time Employee Coverage Protection	We offer health insurance coverage to all our contracted employees, regardless of FTE status.
Bethel School District	Premium Differential Reduction	We continue to work with our benefits committee and broker to reduce the differential between employee only and full family coverage

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Bickleton School District	Administrative Cost Reduction	Completed
Bickleton School District	Cost Savings	Completed
Bickleton School District	Customer Service	Small staff, all inclusive meetings and input
Bickleton School District	Part-Time Employee Coverage Protection	Offered to every employee, and they choose
Bickleton School District	Premium Differential Reduction	Completed
Blaine School District	Administrative Cost Reduction	By working with our employee benefits consultant, we've negotiated with both fully -insured and self-insured plans to reduce administrative expenses wherever possible.
Blaine School District	Cost Savings	Established an H S A employer contribution of $125 per employee per month, resulting in an increase to pooling dollars.
Blaine School District	Customer Service	Providing comprehensive employee benefits handbooks and hosting an employee benefits fair.
Blaine School District	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.
Blaine School District	Premium Differential Reduction	Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents.
Boistfort School District	Administrative Cost Reduction	N/A
Boistfort School District	Cost Savings	N/A
Boistfort School District	Customer Service	N/A
Boistfort School	Part-Time	N/A

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District	Category	Efforts and Achievements
District	**Employee Coverage Protection**	
Boistfort School District	**Premium Differential Reduction**	minimum deductions
Bremerton School District	**Administrative Cost Reduction**	In addition to the yearly bidding process, Bremerton has removed unnecessary increases in overhead by switching from a commission basis to a fee-for-service basis for Broker services. The fee-for-service model pays the broker an established fee which is not adjusted when the district receives a rate increase. The broker will not receive an unnecessary pay increase each year just because the district receives a rate increase.
Bremerton School District	**Cost Savings**	Educating district employees so they fully understand their benefits and how to access these benefits is an extremely important factor in making healthcare more affordable. This education helps individuals maximize their coverage so they understand what level of coverage they need based upon their lifestyle and overall health. In addition, educating individuals how to utilize their plan and receive the most cost effective coverage help prevent the mistake of over insurance and wasting dollars which could be spent elsewhere. Employees who can eliminate overspending for unnecessary coverage free up additional monies which can be used for pooling which will reduce the overall cost of family coverage. Furthermore, additional emphasis is placed on the dental and vision coverage/pricing to find the most competitive offering available which frees up extra money for medical coverage for families as well as single individuals.
Bremerton School District	**Customer Service**	Bremerton has switched brokers again as the current broker was unable to provide adequate support and customer service.
Bremerton School District	**Part-Time Employee Coverage Protection**	Bremerton is examining the overall financial analysis of the individual's financial situation this renewal season to carefully match insurance offerings. Additional services such as individual voluntary coverage review and mortgage services will be offered to help district employees understand the best way to manage their finances and get the best overall coverage at the most affordable rate. The effort is to maximize employees' return on investment for benefits and this goal will help remove or replace products which may not be priced as competitively as they should be.
Bremerton School District	**Premium Differential Reduction**	Bremerton is looking at dropping Premera plans in order to obtain more favorable rates with providers who can offer plans covering the whole family.
Brewster School District	**Administrative Cost Reduction**	We Offer WEA Premera Plans
Brewster School District	**Cost Savings**	We Offer WEA Premera Plans
Brewster School	**Customer**	Employees are Encouraged to Contact WEA/Aon Hewitt and Premera

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District	**Service**	
Brewster School District	**Part-Time Employee Coverage Protection**	WEA Premera Plan Have Lower Cost Options Plans
Brewster School District	**Premium Differential Reduction**	WEA Premera Plan Have Lower Cost Options Plans
Bridgeport School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating waster time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processess. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business - including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific - the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Bridgeport School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider Contracting - Premera has the highest number of providers "in network" in the state (98%+ of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera'a Exchange, individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. Blue Card - (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provde protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

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Bridgeport School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processess - which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrolleess or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle choices. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrolleess/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Bridgeport School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Bridgeport School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Brinnon School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.

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District	Category	Efforts and Achievements
Brinnon School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Brinnon School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support

District	Category	Efforts and Achievements
		decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Brinnon School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP. Brinnon School District: Has a very low threshold for access to benefits. As long as mandatory group plan premiums (dental and vision) and HCA can be covered by earned district benefit, the district offers these benefits. This equates to about .1367 FTE. However, due to the personal out-of-pocket cost, and the low income earned, employees at this low level of hours worked cannot afford to buy a medical plan.
Brinnon School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Burlington-Edison School District	**Administrative Cost Reduction**	N/A
Burlington-Edison School District	**Cost Savings**	Variety of plans available to employees
Burlington-Edison School District	**Customer Service**	Ongoing emails, benefits fair, prompt replies
Burlington-Edison School	**Part-Time Employee**	Employees with .5 FTE and above qualify for benefits

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District	Category	Efforts and Achievements
District	**Coverage Protection**	
Burlington-Edison School District	**Premium Differential Reduction**	Certificated employees bargained for district to chip in additional funds for employees with full family coverage. District also contributes extra funds to insurance pool dollars
Camas School District	**Administrative Cost Reduction**	We have not made any progress in this area as the requirements to administer plans constantly increase. The other increase in administration is the administrative requirements of the ACA
Camas School District	**Cost Savings**	We have expanded our offerings to include a high deductible plan as well as other lower cost plans.
Camas School District	**Customer Service**	We have developed a benefit's handbook, have a website for benefits information, and will be conducting a benefits fair during the next open enrollment period.
Camas School District	**Part-Time Employee Coverage Protection**	The district contributes to health benefit premiums for employees who work 20 hours or more per week (classified) and who work 17.50 hours or more per week (certificated). The Premera EasyChoice Plan and the High Deductible Plan provides an affordable option for both part-time and full time employees. Premiums continue to rise, but state contributions are stagnant. We have limited control in regards to this issue.
Camas School District	**Premium Differential Reduction**	We continue to meet with our union groups to discuss structuring benefits differently. We now have one bargaining group who has made progress toward the reduction in the differentials. Progress is slow in this effort as each employee bargaining group has different interests and needs in a benefits program. Our current offerings meet all their needs. We have also informed our vendors of the requirement.
Cape Flattery School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Cape Flattery School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”).

District	Category	Efforts and Achievements
		B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective."
Cape Flattery School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or

District	Category	Efforts and Achievements
		benefit changes to the Plans.
Cape Flattery School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Cape Flattery School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added HDHP Plan.
Carbonado School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 20005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8 o/o in 2005 to 6o/o for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Carbonado School District	**Cost Savings**	A. Premera has the following included in all the WEA medical programs. A. Provider contracting-has the highest number of providers "in network" in the state (98 o/o + of all claims are paid "in network". B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhauser, Alaska Air, etc. c. BlueCard-Premera's national "Blue" network-has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. G. Member 360 dashboard -proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. H. Plans include copayments for Emergency room services (waived if admitted),

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District	Category	Efforts and Achievements
		copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. I. Programs that monitor controlled medical substances to provide protection for members. J. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Carbonado School District	**Customer Service**	A. Premera provides a website with access to information about the employee benefits-this included a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera's "Lean" workshop includes Customer Service, Claim and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans-The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - Semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Carbonado School District	**Part-Time Employee Coverage Protection**	A. WEA Select Plans - when a full time employee's hours are deceased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HSHP Plan.
Carbonado School District	**Premium Differential Reduction**	A. WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans- added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans- used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage
Cascade School District	**Administrative Cost Reduction**	In Process
Cascade School District	**Cost Savings**	In Negotiations
Cascade School District	**Customer Service**	We have added 3rd party billing service in hopes of providing better serv.
Cascade School	**Part-Time**	We offer insurance if they work the 30 hours per week.

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District	Category	Efforts and Achievements
District	**Employee Coverage Protection**	
Cascade School District	**Premium Differential Reduction**	In Negotiations
Cashmere School District	**Administrative Cost Reduction**	We have reduced administrative expenses by contracting with PEBB.
Cashmere School District	**Cost Savings**	The District contracts with the PEBB program, whose cost saving measures include: managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design; purchasing coverage for medical tools and procedures that are evidence based; adopting PEBB's dependent verification eligibility processes, to ensure family members receive benefits.
Cashmere School District	**Customer Service**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Cashmere School District	**Part-Time Employee Coverage Protection**	We offer insurance benefits to our part-time employees.
Cashmere School District	**Premium Differential Reduction**	As a member of PEBB, this differential is being addressed at the State level.
Castle Rock School District	**Administrative Cost Reduction**	Do not have administrative expenses as described in this survey. However, increased costs are due to 5940 & new reporting requirements.
Castle Rock School District	**Cost Savings**	Meet annually with kaiser to revies costs & look at other health provider company rates. Review with district committee choosing best plans with lowest premiums for the year.
Castle Rock School District	**Customer Service**	Hold annual benefit fair & provide periodic health newsletter to employees.
Castle Rock School District	**Part-Time Employee Coverage Protection**	CBA's & board policy offer coverage to all employees who average 17.5 hours or more per week at FTE coverage. Offer lower cost options including EasyChoice & HDHP plans.
Castle Rock	**Premium**	1% has been assessed to all employees as mandatory out of pocket cost. Offer lower cost options including EasyChoice &

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District	Category	Efforts and Achievements
School District	**Differential Reduction**	HDHP plans.
Centerville School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentag
Centerville School District	**Cost Savings**	Providence Health Plan has invested in preventive care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initia
Centerville School District	**Customer Service**	Providence Health Plan has best-in-class medical and care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence Health Plan Customer Service and Claims are locally located in Beavert
Centerville School District	**Part-Time Employee Coverage Protection**	We allow coverage for part-time employees, if the employer requests it. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Centerville School District	**Premium Differential Reduction**	We are working with our unions and our benefit consultants to review our pooling and collective bargaining units. In addition, we negotiate with our health carriers and periodically complete a bid process to maintain competitive prices.
Central Kitsap School District	**Administrative Cost Reduction**	For most of the year CKSD purchased all but one of their medical plans through the WEA benefits program. The WEA program is an efficiently run program with low administrative cost to the District for the management and maintenance of these plans. In order to reduce ongoing administration expenses, the WEA launched an online enrollment system in January 2013. The annual Open Enrollment was conducted in August and September, and was completed online for all WEA plans. For the KPS, Group Health and non-medical plans purchased outside of the WEA, employees completed consolidated enrollment forms processed by payroll. The enrollment process for all non-WEA plans was smooth and the billing has been an administrative ease. Premera, Group Health and KPS use the “Lean” thinking system as a business prinipal. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Carriers use this method to continue to evaluate and improve internal/external processes.
Central Kitsap	**Cost Savings**	CKSD has made progress by aggressively negotiating lower premiums on their Group Health medical plan, making strategic

District	Category	Efforts and Achievements
School District		benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. In addition, in November of 2013, CKSD moved to a suite of medical plans offered through KPS/Group Health and WEA, which kept premiums lower than the proposed WEA increase, and freed up additional money for employees covering dependents. By switching medical carriers, CKSD also now has the ability to make benefit changes in the future to reduce rate increases. Premera Blue Cross, KPS and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. Premera, KPS and Group Health have some of the following included in the medical programs a. Provider contracting – most claims are paid in-network b. National Networks of contracted providers – which provides negotiated discounts and significant savings to enrollees who travel or reside outside the service area. c. Evidence-based medical initiatives d. Real-time access to customer support resources to help enrollees understand and direct their health care needs. e. Plans that include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. f. Programs that monitor controlled medical substances to provide protection for members. g. Premera has an open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Central Kitsap School District	**Customer Service**	District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the new health plans, new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high. Call volume to the Benefits Helpline increased substantially in 2013.

District	Category	Efforts and Achievements
		Premera and KPS provide a website with access to information about the employee benefits – these include cost estimators which help them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Group Health has an award-winning website that allows employees to order prescriptions online, email their doctors, access test results, and see their medical records. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.
Central Kitsap School District	**Part-Time Employee Coverage Protection**	Part-time employees' access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted from their paycheck. CKSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act. A. This district currently allows part-time employees who have a contract or agreement to work access to health benefits. B. Medical Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. New KPS and Group Health plans offered lower cost options in November 2013.
Central Kitsap School District	**Premium Differential Reduction**	In 2013 the WEA continued to re-tier premiums for the Premera plans offered by CKSD to reduce the differential between the employee-only and full family coverage.

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District	Category	Efforts and Achievements
		CKSD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through the IAC meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. The District continues to consider all options carefully, and have discussed Memorandums of Understanding with bargaining groups in order to make any changes to current funding easier to implement. The IAC has continued to engage in active discussions about making progress, and intends to review additional methods moving forward. Central Kitsap School District continues to work with our insurance carriers to offer benefits that meet the criteria outlined in the law. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage. New medical plans offered by KPS and Group Health offered lower premiums on most plans than the proposed renewal from Premera – freeing up additional money for employees with dependents.
Central Valley School District	**Administrative Cost Reduction**	Premera Blue Cross has reduced its overall administrative costs to 6.3%.
Central Valley School District	**Cost Savings**	Most medical plans offered many "in network" providers and extensive wellness programs, newsletters/magazines, customer service departments, on-line tools a variety of health resources.
Central Valley School District	**Customer Service**	Benefits are discussed with employees when they are hired, at New Teacher Orientation and in a Classified staff development class. A Benefits Fair is held each year at alternating locations where employees can obtain information and discuss their medical needs with providers. Worksheets for comparing/evaluating medical plans are available. We have a Benefits Page on our Intranet with customer service phone numbers, medical plan information and a worksheet for calculating out-of-pocket costs. Employees also have access to an Employee Assistance Program. Most medical plans offered perform customer surveys, have customer service departments, on-line tools and a variety of health resources. Insurance Committees were formed within each bargaining group to discuss and review benefits.
Central Valley	**Part-Time**	Access to coverage and funding is provided to most part-time employees working at least 17.50 hours per week. Low cost

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District	Category	Efforts and Achievements
School District	**Employee Coverage Protection**	medical plans, HDHPs and HSAs were offered. In October 2013, all groups except classified employees started paying a $10 minimum for medical coverage. In November 2013, classified employees started paying a $5 minimum for medical coverage. These funds are pooled and redistributed to employees with more costs. We pool available benefit dollars each month to account for any plan changes. We contribute to VEBA for all benefit eligible employees and offer several Section 125 Plans. We are also in the process of obtaining quotes to explore other medical plan options.
Central Valley School District	**Premium Differential Reduction**	Most medical plans offered gave lower increases to the dependent tiers than to the employee only tiers. Low cost medical plans, HDHPs and HSAs were offered. In October 2013, all groups except classified employees started paying a $10 minimum for medical coverage. In November 2013, classified employees started paying a $5 minimum for medical coverage. These funds are pooled and redistributed to employees with more costs. We pool available benefit dollars each month to account for any plan changes.
Centralia School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Centralia School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make

District	Category	Efforts and Achievements
		changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Centralia School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Centralia School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.

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District	Category	Efforts and Achievements
Centralia School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Chehalis School District	**Administrative Cost Reduction**	We do not have a broker.
Chehalis School District	**Cost Savings**	Offering Easy Choice plans and Qualified High deductable
Chehalis School District	**Customer Service**	Provide computers for enrollment, benefit fair, one on one time when needed, email reminders, website information.
Chehalis School District	**Part-Time Employee Coverage Protection**	Anyone working 2 hours per day can elect medical.
Chehalis School District	**Premium Differential Reduction**	Easy choice plans, some pooling and minimum for each plan.
Cheney School District	**Administrative Cost Reduction**	We worked with our insurance consultant to switch from a % of premium comission to a flat per member per month fee that will limit future increases in comission costs, and not provide an automatic increase in comission every time the premium increases. Efforts are underway to improve Group Health's administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. Group Health is continuing to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance their abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. Group Health has been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service and care. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for

District	Category	Efforts and Achievements
		over 11 years.The BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. The WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Cheney School District	**Cost Savings**	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs. We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We utilize Group Health to promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. Group Health also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available. Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. Premera's national "Blue" network has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Premera has evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Premera offers real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Premera offers provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Premera has a member 360 dashboard, which is a proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Premera offers plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Premera offers programs that monitor controlled medication substances to provide protection for enrollees. Premera has an open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Cheney School District	**Customer Service**	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We also provide the opportunity for each of our employees to receive one-on-one counselling about the benefit options available to them. We provide a benefits handbook with contact information for each service provider, along with summaries of each of the plans avilable to them. Our benefits fair provides employees with an

District	Category	Efforts and Achievements
		opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness topics. WEA Premera provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. Premera also does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. Premera offers "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. The Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Premera offers semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. Premera has dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Cheney School District	**Part-Time Employee Coverage Protection**	We continue to provide coverage to part time employees, with eligibility requirements of .5 FTE for Certificated, Admin, or Non-represented employees, and 20 hours per week for classified staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
Cheney School District	**Premium Differential Reduction**	See above under Affordability. We removed some of the more expensive plans that had been offered at the district historically for lower cost plans. Carriers are working to shift costs from families to employee only enrollees as well. WEA Premera gave lower increases to dependents than to employee only tiers for the past three years. WEA Premera added lower cost options, such as the Easy Choice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Chewelah School District	**Administrative Cost Reduction**	The District is making progress toward reducing administrative expenses in a few different ways. We are reviewing carrier bids and looking for insurance options that will lower the cost and/or increase the benefit to both our employees and the district. We are considering moving to a different carrier option that our benefits consultant can represent and thus receive direct commissions instead of paying consulting fees in addition to AON's fees with our current WEA Premera plans. We pay our consultant a flat dollar amount for their services, which limits variations in fees/commissions based on enrollment. We encouraged enrollment in HDHP/HSA plan, which has a lower premium. This resulted in increased enrollment in the plan,

District	Category	Efforts and Achievements
		and thus lower fees/commissions. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific-the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Chewelah School District	**Cost Savings**	We offer an array of benefit plan options that intends to meet all employee needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs. WEA Select Medical Plans through Premera: A. Provider contracting-Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard-(Premera's national "Blue" network) has negotiated discounts that are the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure thay are appropriate, and cost and care-efficient. G. Member 360 dashboard-Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty druts. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Chewelah School District	**Customer Service**	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We also provide the opportunity for each of our employees to receive one-on-one conseling about the benefit options available to them. We provide a benefits handbook with contact information for each service provider, along with summaries of each of the plans available to them. Our benefits fair provides employees with an

District	Category	Efforts and Achievements
		opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness topics. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning(tm)"-leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes-which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escaleted or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Chewelah School District	**Part-Time Employee Coverage Protection**	We continue to provide coverage to part time employees, with eligibility requirements of .20 FTE for Certificated, or Admin employees, and 17.5 hours per week for classified and Non Represented staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. WEA Select Medical Plans through Permera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with ever fewer hours worked providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Chewelah School District	**Premium Differential Reduction**	See above under Affordability. Carriers are working to shift costs from families to employee only enrollees as well. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Chimacum School District	**Administrative Cost Reduction**	Moved to all Premera through WEA to capture the 10% discounted rates
Chimacum School District	**Cost Savings**	Moved to all Premera through WEA to capture the 10% discounted rates

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Chimacum School District	**Customer Service**	Moved to all Premera through WEA to capture the 10% discounted rates
Chimacum School District	**Part-Time Employee Coverage Protection**	All employees working more than 20hrs/week currently have access to all plans
Chimacum School District	**Premium Differential Reduction**	Moved to all Premera through WEA to capture the 10% discounted rates. Rates increased by a greater margin for employee only coverage than for family coverage.
Clarkston School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Clarkston School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient.

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		G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Clarkston School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Clarkston School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.

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District	Category	Efforts and Achievements
Clarkston School District	Premium Differential Reduction	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Cle Elum-Roslyn School District	Administrative Cost Reduction	No information available
Cle Elum-Roslyn School District	Cost Savings	New medical options include wellness programs and benefits
Cle Elum-Roslyn School District	Customer Service	Instruction on Medical Web site usage and ample paper copies for info.
Cle Elum-Roslyn School District	Part-Time Employee Coverage Protection	Most part time individuals work the minimum 20 hours per week
Cle Elum-Roslyn School District	Premium Differential Reduction	Offering PEBB coverage district wide
Clover Park School District	Administrative Cost Reduction	No changes from prior year
Clover Park School District	Cost Savings	No changes from prior year
Clover Park School District	Customer Service	No changes from prior year
Clover Park School District	Part-Time Employee Coverage Protection	No changes from prior year
Clover Park School District	Premium Differential Reduction	Initiated all employees paying
Colfax School District	Administrative Cost Reduction	The District doesn't have aministrative expenses or broker fees. The insurance companies try to implement 'Lean" thinking to eliminate wasted time and effort.

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Colfax School District	**Cost Savings**	The District provides employees with mutilple insurance options, including a high deductible health plan. The District also obtains rate quotes from other insurance carries to provide to our bargaining groups to review and compare benefits and rates.
Colfax School District	**Customer Service**	The District forwards any health materials that are received from the different insurance companies to the staff. That information includes monthly reports on healthy living and life styles. Some of the insurance companies also offer a wellness program which includes incentives to participate. Insurance companies provide access to information about employee benefits through websites, and provide surveys to measure member satisfaction.
Colfax School District	**Part-Time Employee Coverage Protection**	The District has muliple plans to choose from including a lower premium plan attached to a health savings account. Eligibility is determined by insurance companies and collective bargaining agreeements.The District uses pooling to decrease the cost of insurance for employees.
Colfax School District	**Premium Differential Reduction**	The District negotiated into the CBA to require employees to pay at a minimum $10 a month for insurance. The amont contributed is included in the pooling to decrease the cost of full family coverage. Insurance companies are also increasing employee only insurance rates higher then family rates.
College Place School District	**Administrative Cost Reduction**	Work with carriers who have worked hard at keeping their administrative costs low.
College Place School District	**Cost Savings**	Compare carriers costs and employee choices. Choose the carriers who best fit our employee needs and work with carriers who have a high number of in network providers.
College Place School District	**Customer Service**	Providing hands on assistance, keeping employees updated on new information and updated services provide by carriers and website information availability and changes.
College Place School District	**Part-Time Employee Coverage Protection**	Offer eight plans with different cost options including an HDHP plan with a Health Savings Account.
College Place School District	**Premium Differential Reduction**	Have several lower cost option plans available and an HDHP plan with a Health Savings Account.
Colton School District	**Administrative Cost Reduction**	Administration is also required to pay 5% out of pocket.
Colton School District	**Cost Savings**	Continualy working with union on health care costs.
Colton School District	**Customer Service**	Researchin the best delivery method.

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Colton School District	**Part-Time Employee Coverage Protection**	Part time employees are eligble for insurance if working the required number of hours.
Colton School District	**Premium Differential Reduction**	All employees curerntly pay 5% out of pocket for medical insurance
Columbia (Stevens) School District	**Administrative Cost Reduction**	District has used complimentary on-line resources to reduce administrative expenses. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Columbia (Stevens) School District	**Cost Savings**	District offers a wide range of plans to give the employee cost savings to meet their needs. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient.

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		G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Columbia (Stevens) School District	**Customer Service**	District continues to work with providers to obtain employee feedback to improve services.
Columbia (Stevens) School District	**Part-Time Employee Coverage Protection**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Columbia (Stevens) School District	**Premium Differential Reduction**	Single employees paid a minimum premium to pool funds for families. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.

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District	Category	Efforts and Achievements
Columbia (Walla Walla) School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area. C. WEA Specific - the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Columbia (Walla Walla) School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Columbia (Walla Walla) School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.

District	Category	Efforts and Achievements
		B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Columbia (Walla Walla) School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Columbia (Walla Walla) School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Colville School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area.

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District	Category	Efforts and Achievements
		C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Colville School District	**Cost Savings**	A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Colville School District	**Customer Service**	A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

District	Category	Efforts and Achievements
		F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Colville School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Colville School District	**Premium Differential Reduction**	A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Concrete School District	**Administrative Cost Reduction**	State Allocation
Concrete School District	**Cost Savings**	Continued HDHP Plan
Concrete School District	**Customer Service**	Yearly Benefit Fair
Concrete School District	**Part-Time Employee Coverage Protection**	Continued HDHP Plan
Concrete School District	**Premium Differential Reduction**	Continued HDHP Plan
Conway School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and

District	Category	Efforts and Achievements
		lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Conway School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

District	Category	Efforts and Achievements
		D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Conway School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.

District	Category	Efforts and Achievements
		B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/ designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Conway School District	**Part-Time Employee Coverage**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual

District	Category	Efforts and Achievements
	Protection	districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Conway School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Cosmopolis School District	**Administrative Cost Reduction**	N/A
Cosmopolis School District	**Cost Savings**	N/A
Cosmopolis School District	**Customer Service**	N/A
Cosmopolis School District	**Part-Time Employee Coverage Protection**	Pooling
Cosmopolis School District	**Premium Differential Reduction**	Pooling
Coulee-Hartline	**Administrative**	Cost is minimal, district size is very small

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District	Category	Efforts and Achievements
School District	**Cost Reduction**	
Coulee-Hartline School District	**Cost Savings**	The district contracts with the PEBB Program, whose cost-saving measures include: • Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. • Purchasing coverage for medical tools and procedures that are evidence based. • Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Coulee-Hartline School District	**Customer Service**	PEBB offers dieseas management, wellness programs, health assessments, etc.
Coulee-Hartline School District	**Part-Time Employee Coverage Protection**	District policy is that all half-time employees are eligible for insurance.
Coulee-Hartline School District	**Premium Differential Reduction**	The District chose the composite rate structure through PEBB which is in line with ESSB 5940. Increase in state dollar allocation for full family coverage would reduce the differential between employee only and a full family coverage.
Coupeville School District	**Administrative Cost Reduction**	Pursue providers that are working toward reducing admin costs
Coupeville School District	**Cost Savings**	District contracts with broker to evaluate best cost/coverage options for our employees
Coupeville School District	**Customer Service**	All providers have websites with access to info about employee's benefits. The websites also provide educational info about wellness
Coupeville School District	**Part-Time Employee Coverage Protection**	Providers gave lower increases to dependants than employee only tiers
Coupeville School District	**Premium Differential Reduction**	Providers gave lower increases to dependants than employee only tiers
Crescent School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business-including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall

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District	Category	Efforts and Achievements
		administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been unter 6% for over 11 years.
Crescent School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts. Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. C. BlueCard - Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Crescent School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfacrtion and then puts a focus on making changes to improve satisfaction. C, "Ulytssess learning" - leading to first call resolution and a higher level of satisfaction from enrolees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes - which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year round servicing and is avaiable to work directly with enrollees or family mnembers who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healtheir lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to addess escalated or complex issues with the enrollees/designated representative and/or their provider. In put from the enrollee can often help in making adjustments or benefit changes to the Plans.
Crescent School District	**Part-Time Employee Coverage**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medicla plan. B. Premera works with the

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District	Category	Efforts and Achievements
	Protection	enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Crescent School District	Premium Differential Reduction	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and
Creston School District	Administrative Cost Reduction	We have no administrative expenses in the district.
Creston School District	Cost Savings	For the 2013 plan year we haven't made progress with health care cost savings, but are going to do that with 2014 with the switch to PEBB.
Creston School District	Customer Service	We have meetings at the beginning of the year to go over health benefits and choices with health care plans. We give employees brochures and websites that they can refer to in order to make informed decisions with health care
Creston School District	Part-Time Employee Coverage Protection	The district remains committed to offering health care coverage to all employees who work at least 4 hours a day during the school year.
Creston School District	Premium Differential Reduction	We have been shopping around as a district to find a carrier that is closer with rates covering families compared to singles. And our district has selected PEBB coverage for year 2014. Those rates do meet the 3:1 ratio.
Curlew School District	Administrative Cost Reduction	Premera has been a leader in implementing lean thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and impove efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this
Curlew School District	Cost Savings	The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally.
Curlew School District	Customer Service	WEA Select Medical Plans through Premera provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educati
Curlew School District	Part-Time Employee Coverage Protection	WEA Select Medical Plans through Premera added lower cost options, such as the EasyCoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Curlew School District	Premium Differential Reduction	WEA Select Medical Plans through Premera added lower cost options, such as the EasyCoice plan that have lower premiums and many first dollar benefits and also added the HDHP.

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District	Category	Efforts and Achievements
Cusick School District	Administrative Cost Reduction	DISTRICT DOES NOT IMPOSE ANY INTERNAL ADMINISTRATIVE COSTS.
Cusick School District	Cost Savings	DISTRICT OFFERS HIGH DEDUCTIBLE PLANS UNDER PEBB AND PREMERA. DISTRICT CONTINUES TO WORK TOWARDS CLOSING THE GAP BETWEEN FAMILY AND EMPLOYEE PREMIUMS.
Cusick School District	Customer Service	DISTRICT IN CONJUNCTION WITH PROVIDER OFFER PROVIDER WEBSITE ACCESS FOR HEALTH CARE SELECTION AND HEALTHY OPTIONS
Cusick School District	Part-Time Employee Coverage Protection	PART TIME EMPLOYEES ARE OFFERED COVERAGE REGARDLESS OF BENEFIT FTE WITH THE EXCEPTION OF SUBSTITUTES AND COACHES
Cusick School District	Premium Differential Reduction	BESIDES BARGAINING GROUP MINIMUM AMOUNTS CITED IN CELL C5, EMPLOYEES WITH FAMILY COVERAGE ARE BEGINNING TO CHOOSE LOWER COST PREMIUM PLANS. IN ADDITION, PREMERA HAS WITHIN THEIR PREMIUM STRUCTURE CLOSED THE GAP IN EMPLOYEE ONLY AND EMPLOYEE AND FAMILY BY INCREASING THE PREMIUM OF EMPLOYEE ONLY COVERAGE.
Damman School District	Administrative Cost Reduction	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business - including the State of Washington, various provide groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific - the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Damman School District	Cost Savings	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98%+ of all claims paid are "in network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, snall and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard - (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees' needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they

District	Category	Efforts and Achievements
		are appropriate, and cost and care-efficient. G Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Damman School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" - leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes - which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan changte can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Damman School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Damman School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee-only tiers for the past three years. B. Added lower cost options, such as the EasyChoice Plan that have lower premiums and many first dollar benefits and also added the HDHP.
Darrington School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: a)Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business-through Lean Premera has reduced overall admin. costs. WEA's admin. costs have been under 6% for over 11 years;

District	Category	Efforts and Achievements
		b)BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area; c)WEA Specific-the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Darrington School District	**Cost Savings**	WEA Select Medical Plans through Premera: a) Provider contracting-Premera has the highest number of providers "in network" in the state, b)the volume of enrollment in Premera assists in negotiating higher discounts locally and nationally, c)BlueCard has negotiated discounts that are at the highest level withiin the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area, d)Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs; e)real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs; f)provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient; g) member 360 dashboard-proprietary tool that uses more than claims to identify enrollees with specific healthcare needs; h)plans that include copayments for brand, non-preferred and specialty drugs; i) programs that monitor controlled medication substances to provide protection for enrollees; j)an open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. The district contracts with the PEBB program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design, purchasing coverage for medical tools and procedures that are evidence based, adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Darrington School District	**Customer Service**	WEA Select Medical Plans through Premera: a)provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which provders require less out-of-pocket costs. The website provides educational iniformation about wellness programs and their plan benefits; b)does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction; c)"ulyssess Learning"-leading to first call resolution and a higher level of satisfaction from enrollees; d)Premera's "lean" workshops include Customer Service, Claims and Billing processes-which we continue to focus on improving the enrollee experience; e)the dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees; f)semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions; g)dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees-designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans. The district follows the PEBB Program's guidelines for determining employee eligibility and

District	Category	Efforts and Achievements
		enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Darrington School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: a)have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow pareticipation for employees with even fewer hours worked, providing that the employer in contributing towards the cost of the medical plan; b)Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan; c)added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP
Darrington School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: a)gave lower increases to dependents than to employee only tiers for the past three years; b)added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Davenport School District	**Administrative Cost Reduction**	District: The reporting requirements have increased the amount of office time we are spending on health care. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Davenport School District	**Cost Savings**	District: in spring 2013 we went out for bids for health care in our area. There were no other providers interested in our pool. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

District	Category	Efforts and Achievements
		D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Davenport School District	**Customer Service**	District: Insurance tracking information is available online. We are utlizing AON Hewitt, so employees have access to health care information around the clock. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Davenport School District	**Part-Time Employee**	District: Employees who work at least 20 hours per week are eligible for health care through the district. WEA Select Medical Plans through Premera:

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	Coverage Protection	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Davenport School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Dayton School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services. GROUP HEALTH: Efforts are underway to improve our administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. We will continue to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance our abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. At Group Health, we have been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service and care.
Dayton School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to

District	Category	Efforts and Achievements
		Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. GROUP HEALTH: We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. We also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Dayton School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support

District	Category	Efforts and Achievements
		decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans. GROUP HEALTH: We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. We also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Dayton School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Dayton School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Deer Park School District	**Administrative Cost Reduction**	We worked with our insurance consultant to switch from a % of premium comission to a flat per member per month fee that will limit future increases in comission costs, and not provide an automatic increase in comission every time the premium increases. Efforts are underway to improve Group Health's administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. Group Health is continuing to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance their abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. Group Health has been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service and care.
Deer Park	**Cost Savings**	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We

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School District		offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs. We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We utilize Group Health to promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. Group Health also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Deer Park School District	Customer Service	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We also provide the opportunity for each of our employees to receive one-on-one counselling about the benefit options available to them. We provide a benefits handbook with contact information for each service provider, along with summaries of each of the plans avilable to them. Our benefits fair provides employees with an opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness topics.
Deer Park School District	Part-Time Employee Coverage Protection	We continue to provide coverage to part time employees, with eligibility requirements of .5 FTE for Certificated, Admin, or Non-represented employees, and 20 hours per week for classified staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
Deer Park School District	Premium Differential Reduction	See above under Affordability. We removed some of the more expensive plans that had been offered at the district historically for lower cost plans. Carriers are working to shift costs from families to employee only enrollees as well.
Dieringer School District	Administrative Cost Reduction	Distrtict has not increased costs, however,state requirements have created more staff time demands.
Dieringer School District	Cost Savings	District benefits committee looked at other insurance coverage to reduce minimum monthly charge for employees & families.
Dieringer School District	Customer Service	District has held various meetings w/bargaining units & all staff. Information is available on district website and sent to all staff members with paychecks and through e-mail.
Dieringer School District	Part-Time Employee Coverage Protection	Offered health plan in which employee premuim share does not exceed state employee share
Dieringer	Premium	Achieved 1% progress toward 3:1 ratio on minimum monthly health insurance out of pocket deduction.

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District	Category	Efforts and Achievements
School District	**Differential Reduction**	
Dixie School District	**Administrative Cost Reduction**	Efforts are underway to improve administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. They will continue to engage in comprehensive effors to implement the affordable Care Act, which includes them investing in new capabilities and infrastructures that advance their abilities to meet the dmands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations are alike in a multitude of ways. At Group Health they have been on the forefront of understanding and implementing health care reform changes to ensure of customres have no distruption in receiving high quality, affordable service and care.
Dixie School District	**Cost Savings**	Group Health have teams of experts that stategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. They also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. They provide complex case management to help members with cchronic or acute conditions receive the best medical treatment available.
Dixie School District	**Customer Service**	Thorough research on all possiblities and presentations from all.
Dixie School District	**Part-Time Employee Coverage Protection**	All part time employees at our district have the option of Health coverage.
Dixie School District	**Premium Differential Reduction**	Everyone pay a portion the same to even out the insurance pool
East Valley School District (Spokane)	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.

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District	Category	Efforts and Achievements
East Valley School District (Spokane)	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs.

District	Category	Efforts and Achievements
		H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
East Valley School District (Spokane)	**Customer Service**	The district offers all benefit information online to employees. Group Health also offers online customer service options, WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on

District	Category	Efforts and Achievements
		improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
East Valley School District (Spokane)	**Part-Time Employee Coverage Protection**	All employees working 20 hours or more a week are benefit eligible. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
East Valley School District (Spokane)	**Premium Differential Reduction**	All employees have an out of pocket minimum which increases pooling amounts for employees receiving full family coverage. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
East Valley School District (Yakima)	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services. D. The District is utilizing AON Hewitt's online open enrollment process to reduce the amount of time spent processing hard copy enrollment forms.
East Valley School District	**Cost Savings**	A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network").

District	Category	Efforts and Achievements
(Yakima)		B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
East Valley School District (Yakima)	**Customer Service**	A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans. H. The District continues to hold a benefit fair at the beginning of each school year to provide employees information related to health benefits, retirement, and supplemental converages from 12 - 15 different vendors. This also gives employees the

District	Category	Efforts and Achievements
		opportunity to get questions answered directly from the vendors.
East Valley School District (Yakima)	**Part-Time Employee Coverage Protection**	A. The District contributes to health benefit premiums for employees that work 20 or more hours per week. As of October 1, 2012 the District began and continues to offer a QHDHP with HSA for a substantially lower monthly premium option for part-time employees.
East Valley School District (Yakima)	**Premium Differential Reduction**	A. Gave lower increases to dependents than to employee only tiers for the past three years. B. As of October 1, 2012 the District began and continues to offer a QHDHP with HSA for a substantially lower monthly premium.
Eastmont School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Eastmont School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient.

District	Category	Efforts and Achievements
		G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Eastmont School District	**Customer Service**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Eastmont School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also

District	Category	Efforts and Achievements
		added the HDHP.
Eastmont School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Easton School District	**Administrative Cost Reduction**	PARTICIPATE IN HCA PEBB PLAN
Easton School District	**Cost Savings**	PARTICIPATE IN HCA PEBB PLAN
Easton School District	**Customer Service**	PARTICIPATE IN HCA PEBB PLAN
Easton School District	**Part-Time Employee Coverage Protection**	ALL ELIGIBLE EMPLOYEES ARE COVERED THROUGH HCA PEBB, ALL AT THE SAME RATE
Easton School District	**Premium Differential Reduction**	HCA PEBB RATES FULFILL THIS REQUIREMENT
Eatonville School District	**Administrative Cost Reduction**	Eatonville has reduced the cost of paper and additional internal administrative costs by offering an electronic platform that houses communication materials, forms, educational tools for employees and their families to access 24/7. We also negotitated with our Insurance Broker to Maintain their yearly fee for 3 years.
Eatonville School District	**Cost Savings**	Eatonville offers an interactive excel spreadsheet comparison that illustrates a high level side-by-side plan review of the estimated out-of-pocket. expenses that an employee and family will experience based on their estimated utilization of benefits and (pre-pooling) employee premium share. This gives employees and their families a better understanding of which plan could potentially be the best fit for them. In October 2013 we also changed our Medical Insurance from the WEA Premera Plans to Group health First Choice Options/Hmo Plans which saved well over the 17% increase in premiums WEA plans experienced.
Eatonville School District	**Customer Service**	Eatonville School District employees and their families have access to an Employee Service Advocate Programs available through our Employee Benefit Broker/Advisor. We have a benefits Committee that meets regualrly and brings comments/concerns from employees to the table for discussion. We hold educational sessions as necessary to keep our employees and their families informed. We hold annual benefits fair and send out monthly newsletters.
Eatonville School District	**Part-Time Employee**	Our practice is to offer benefits to employees that work 17.5 hours and 20 hours per week depending on employee classification.

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District	Category	Efforts and Achievements
Eatonville School District	Coverage Protection Premium Differential Reduction	Contribution strategy based on core WEA Select EasyChoice plan as discribed on line #5.
Edmonds School District	Administrative Cost Reduction	Premera has been a leader in "Lean" thinking since 2005. The goal is to improve quality, improve the enrolee experience, improve efficiency while eliminating wasted time and work efforts to lower expenses. WEA's administrative costs have been under 6% for over 11 years. The Premera BlueCard provides significant savings to Premera enrolees traveling or residing outside the Premera service area. In addition, the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and rpovides quick turnaround on payment for services.
Edmonds School District	Cost Savings	Premera has the highest number of "in network" providers resulting in lower claims costs, the volume of enrollment in Premera assists in negotiating higher discounts locally and nationally, evidence-based medical initiatives allow Premera to provide cost effective care and alternative care based on the enrollees needs, Premera provides real-time access to consumer decision-support resources to help enrollees, Premera's Member 360 dashboard is a proprietary tool that uses more than claims to identify enrolees with specific health care needs. Our medical plans include copayments for ER visits that are waived if admitted, copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
Edmonds School District	Customer Service	Our medical carriers each provide a website with access to information about an employee's benefits, employees may access their health information on-line, schedule appointments, communicate with physicians electronically as well as receive support in decision making and healthier lifestyle choices.
Edmonds School District	Part-Time Employee Coverage Protection	We provide access to benefits for part-time employees who work at least 17.5 hours per week. We also provide low cost plan options for them to choose from.
Edmonds School District	Premium Differential Reduction	We gave lower increases to dependent than to employee only tiers for the past three years, added a lower-cost option olans such as the Easy Choice or QHDHP.
Ellensburg School District	Administrative Cost Reduction	WEA Select Medical Plans through Premera:A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years.B.

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District	Category	Efforts and Achievements
		BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area.C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Ellensburg School District	**Cost Savings**	WEA Select Medical Plans through Premera:A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network").B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.)C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient.G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs.H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.I. Programs that monitor controlled medication substances to provide protection for enrollees.J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Ellensburg School District	**Customer Service**	WEA Select Medical Plans through Premera:Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine whicB. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction.h providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience.E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.

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Efforts and Achievements by District
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District	Category	Efforts and Achievements
Ellensburg School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera:A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan.Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan.C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Ellensburg School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera:A. Gave lower increases to dependents than to employee only tiers for the past three years.Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Elma School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses a new TPA, Aon Hewitt to use software and new enrollment processes to help keep costs down.
Elma School District	**Cost Savings**	A. Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). The district contracts with the PEBB Program.
Elma School District	**Customer Service**	A. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out of pocket costs for the enrollee or their family. The website provides education on which plan best fits individuals needs. Employees are now able to enroll on line thus saving time and resources.
Elma School District	**Part-Time Employee Coverage Protection**	A. WEA Select Plans when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans added lower cost options such as Easy Choice and QHDP.
Elma School District	**Premium Differential Reduction**	A. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans added lower cost options, such as the EasyChoice plans that have lower premiums and the Qualified High Deductable Health Plan giving employees more choices.
Endicott School District	**Administrative Cost Reduction**	A. (The District will need to state if they have done something specific in this area, if appropriate) B. Premera has been a leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "lean" workshops so they can incorporate them into their own business.- including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years.

District	Category	Efforts and Achievements
		C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area. A. (The District will need to state if they have done something specific in this area, if appropriate) B. Premera has been a leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "lean" workshops so they can incorporate them into their own business.- including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area. A. (The District will need to state if they have done something specific in this area, if appropriate) B. Premera has been a leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "lean" workshops so they can incorporate them into their own business.- including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area. Group Health-We worked with our insurance consultant to swith from a % of premium comission to a flat per member per month fee that will limit future increases in comission costs, and not provide and automatic increase in comission every time the premium increases. Efforts are underway to improve Group Health's administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. Group Health is continuing to engage in comprehensive efforts toimplement the Affordable Care Act, which includes investing in new capabilities andinfrastructures that advance their abilities to meet the demeands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. Group Health has been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service andcare.
Endicott School District	**Cost Savings**	Premera has the following included in all the WEA medical programs a. Provider contracting- has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network") b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard- Premera's national "Blue" network- has negotiated discounts that are the highest within the state and provides

District	Category	Efforts and Achievements
		significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. The district contracts with the PEBB Program, whose cost-savings measures include:~ Managing the medical plans' prescription-drup costs by promoting generic drug use through a lower-cost benefit design. ~Purchasing coverage for medical tools and procedures that are evidence based. ~Adopting PEBB's dependent verification eleibility processes, to ensure only eligible family memebers receive benefits. Group Health-We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightley manage provider contracts. We utilize Group Health to promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. Group Health also provide complex case management to help memebers with chronic or acute conditions receive the best medical treatment available.
Endicott School District	**Customer Service**	A. (The District will need to state if they have done something specific in this area, if appropriate) B. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans – the dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services

District	Category	Efforts and Achievements
		from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans- semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans. The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage. Group Health---Our benefits committee features representatives from each employee group at the distric, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We provide a benefits information with contact information for each service provider, along with summaries of each of the plans available to them. We also provide periodic communications on helpful benefit topics, along with wellness topics.
Endicott School District	**Part-Time Employee Coverage Protection**	A. (The district will need to state if they have done something specific in this area, if appropriate). B. WEA Select Plans- when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans- added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. Group Health-- We continue to provide coverage to part time employees, with eligibility requiremnts of 30 hours per week. this eligibility requirement is the same as the federal requirement.
Endicott School District	**Premium Differential Reduction**	Group Health- See above under Affordability. We removed some of the more expensive plans that had been offered at the district historically for lower cost plans. Carriers are working to shift costs from families to employee only enrollees as well.
Entiat School District	**Administrative Cost Reduction**	WEA SELECT PLANS through PREMERA: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years.

District	Category	Efforts and Achievements
		B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Entiat School District	**Cost Savings**	WEA SELECT PLANS through PREMERA: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Entiat School District	**Customer Service**	WEA SELECT PLANS through PREMERA: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family

District	Category	Efforts and Achievements
		members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Entiat School District	**Part-Time Employee Coverage Protection**	WEA SELECT PLANS through PREMERA: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Entiat allows participation for employees with even fewer hours worked, since the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Entiat School District	**Premium Differential Reduction**	WEA SELECT PLANS through PREMERA: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Enumclaw School District	**Administrative Cost Reduction**	We don't feel that it is possible at this time to reduce administrative costs since it is taking payroll employees so much time to keep up on all of the health care laws and rulings.
Enumclaw School District	**Cost Savings**	The plans offer QHDHP and HAS's
Enumclaw School District	**Customer Service**	Online enrollment and information through AON/WEA and Aetna navagator
Enumclaw School District	**Part-Time Employee Coverage Protection**	Employees over 3.50 hours qualify for medical insurance
Enumclaw School District	**Premium Differential Reduction**	Continuation of the better than 3:1 ratio between emp only and family plans

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District	Category	Efforts and Achievements
Ephrata School District	Administrative Cost Reduction	There were no administrative expenses.
Ephrata School District	Cost Savings	The district has been analyzing PEBB and other alternatives
Ephrata School District	Customer Service	The district has the documents for medical plans online as well as in the district office.
Ephrata School District	Part-Time Employee Coverage Protection	The district offers all part-time employees the option of taking medical insurance.
Ephrata School District	Premium Differential Reduction	The district uses pooling.
Evaline School District	Administrative Cost Reduction	N/A
Evaline School District	Cost Savings	N/A
Evaline School District	Customer Service	N/A
Evaline School District	Part-Time Employee Coverage Protection	N/A
Evaline School District	Premium Differential Reduction	N/A
Everett School District	Administrative Cost Reduction	We already have low administrative expenses. We try to continue to provide the best information at the lowest costs to our employees in this rapidly changing environment to make the most informed decision for their individual family coverage needs.
Everett School District	Cost Savings	1-Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. 2-Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. 3-Awareness in health and weight loss with our Wellness Program offerings.

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District	Category	Efforts and Achievements
Everett School District	**Customer Service**	1-We are continually improving our activities in our Wellness Program offerings. 2-Open enrollment benefit fairs to have representatives on hand to explain benefits to the employees and their families. We include flu shots for those that want them. 3-Offer the supplemental programs that the employees are looking for at affordable costs.
Everett School District	**Part-Time Employee Coverage Protection**	1-We offer our plans to benefit FTE .333 which is a lower FTE than the state provides to their employees. We continue to try and offer options for all employees needs.
Everett School District	**Premium Differential Reduction**	1-We already meet this requirement with all of our plan offerings for the percentages that the legislature has required of school districts.
Evergreen School District (Clark)	**Administrative Cost Reduction**	District has reduced the number of medical plans offered and has contracted with new broker that provides and supports the district with detailed information related to all costs associated with our insurance plans.
Evergreen School District (Clark)	**Cost Savings**	District is working with our insurance broker to negotiate lowest premium amounts for adequate coverage for all of our eligible employees.
Evergreen School District (Clark)	**Customer Service**	Several of our plans now offer some means of video appointments, with one even setting up a video kiosk at one of our schools where employees can have provate video appointments with medical providers, reducing the time needed away from work site for appointments.
Evergreen School District (Clark)	**Part-Time Employee Coverage Protection**	All District employees that meet the requirements for medical coverage receive their pro-rated dollars of the insurance allocation from the State.
Evergreen School District (Clark)	**Premium Differential Reduction**	Insurance Plans have informed us that they are increasing premiums on the employee only coverage at a higher rate than for the family coverage. The District moving to a 2% minimum payment per month also will make additional dollars remaining in the pool for those employees that have the higher level premiums.
Evergreen School District (Stevens)	**Administrative Cost Reduction**	Due to the small size of Evergreen, we do not have any direct administrative overhead related to providing our employees with benefits.
Evergreen School District (Stevens)	**Cost Savings**	Evergreen continues to use WEA as the primary benefits provider and we rely on them to make sure that we continue to get the best possible rates.
Evergreen	**Customer**	Through Aon Hewitt's new employee portal website, employee's now have the ability to see there benefit information as well

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District	Category	Efforts and Achievements
School District (Stevens)	Service	as make changes during open enrollment.
Evergreen School District (Stevens)	Part-Time Employee Coverage Protection	Evergreen School District has continued to offer benefits to all part time employees that work on a regular basis based upon their FTE. The district plans to continue this practice in the foreseeable future.
Evergreen School District (Stevens)	Premium Differential Reduction	The mix of employee's at Evergreen School District has been such that we do not have any full family coverage, therefore, this has not been a point of focus for our district.
Federal Way School District	Administrative Cost Reduction	FWPS's administrative expenses for health care are nominal.
Federal Way School District	Cost Savings	The District and it's Benefits Committee has surveyed the market to assess the viability of implementing a self-insured dental plan. The vendor interviews are scheduled for mid-June, with an implementation, if desired for next plan year.
Federal Way School District	Customer Service	A. Workshops were held to assist employees with enrollment in the Washington Health Exchange. B. We hold a benefit fair each year in an outreach effort to educate employee on the changes in coverage and what choices they can make to reduce their costs. C. Benefit Booklets are prepared and posted on the District web site. D. In addition to a standing Benefits Committee, District staff are often invited to various union meetings to discuss and various benefit offerings.
Federal Way School District	Part-Time Employee Coverage Protection	Classified employees working a minimum of 20 hours per week during the school year are eligible for medical coverage. Certificated employees working 1/2 time or more are eligible for medical coverage. While state funding formulas translate the difference between certificated and classified "FTE" (1440 hours vs 2080 hours) as a 1.152 adjustment, classified staff in FWPS for benefit purposes are treated the same way as certificated staff. We are moving to the 3:1 ratio so that those employees with employee only coverage subsidize those covering dependents.
Federal Way School District	Premium Differential Reduction	We have a high deductible medical plan along with a medical spending account. We continue to pool the employer benefit dollars allocated to each group. We have worked to educate employees on the impact of their choice of coverage so people do not cover more than they need to. We have included the possible 3:1 ratio in our contract negotiations with our various bargaining units. We are working with our software vendor to redo our pooling calculations so we can implement the 3:1. These changes in pooling will be implemented over the next three years for all district employees, resulting in lower family out-of-pocket and higher employee only out-of-pocket.
Ferndale School District	Administrative Cost Reduction	We worked with carriers and our consultants to reduce administrative costs within both our fully-insured and self-insured plans, however, Premera Blue Cross doesn't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.
Ferndale School	Cost Savings	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings

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District		Account offered as of 10/01/12. 2. Use of purchasing consortium/interlocal to purchase some benefits at a lower cost across several districts.
Ferndale School District	**Customer Service**	We have worked to provide improved customer service by: 1. Providing a comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide a comprehensive nurse line and telephonic customer service and support for all members. 4. Continuing to work with AON Hewitt's online tool for those eligible employees.
Ferndale School District	**Part-Time Employee Coverage Protection**	We have continued to work with all bargaining groups to determine the appopriate eligibility requirements to meet their specific group's benefit needs.
Ferndale School District	**Premium Differential Reduction**	We have done the following: 1.Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. We offer pooling in all bargaining groups.
Fife School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: Premera has been the leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations particiapate "lean" workshops so they can incorporate them into their own business - including the state of Washington, various provider groups, etc. Through "lean", Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Fife School District	**Cost Savings**	Premera has the following included in all WEA medical programs: Provider contracting-has the highest number of providers "in network" in the state (98% + of all claims are paid "in network". The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over1.7 million members and over 127,000 of those enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc.) Premera's national blue network has negotiated discounts that are the highest within the state and provides a significant savings to Premera enrollees who travel or reside outside the Premers service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriste alternative care based on the member's needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and

District	Category	Efforts and Achievements
		pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. Member 360 dashboard-proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. Plans include copayments for emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. Programs that monitor controlled medical substances to provide protection for members. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Fife School District	**Customer Service**	WEA Select Medical Plans through Premera provides a website with acces to information about the employee benenfits-this includes a cost estimator which helps them to determine what provider may reuire less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benenfits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. Premera's "lean" workshops include Customer Service, claims and billing processes which they continue to focus on in order to improve the member experience. WEA select plans-The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benenfits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA selct plans- semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans. Fife School District also provides employees access to "Employee Benefits Center" which gives them comprehensive information on medical plans offered and allows them to estimate out-of-pocket expenses. We also offer an annual employee benefits fair.
Fife School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera have provided access to coverage for part-time employees working 17.5 hours a week. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Fife School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Finley School District	**Administrative Cost Reduction**	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses.

District	Category	Efforts and Achievements
		Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Finley School District	**Cost Savings**	Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network").b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs.e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Finley School District	**Customer Service**	Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA – has their own

District	Category	Efforts and Achievements
		separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Finley School District	**Part-Time Employee Coverage Protection**	A. All classified Finley School District employees that work a minimum of 3 hours per day are eligible for health care benefits. For the 2012/2013 school year all PSE classified employees with the benefit of the "pooling" received ALL medical benefits paid by the district. All certificated employess that are a minimum of .5 FTE are eligible for medical benefits. WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.
Finley School District	**Premium Differential Reduction**	WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Franklin Pierce School District	**Administrative Cost Reduction**	1. The district doesn't currently have admin expenses that we charge to the employees. 2. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Franklin Pierce School District	**Cost Savings**	1. Evaluate on a yearly basis which plans may cost less for our employees and evaluate if they are worth changing to. 2. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and

District	Category	Efforts and Achievements
		provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Franklin Pierce School District	**Customer Service**	1. As a district we have various ways for the employees to find out about their medical choices. We have a yearly benefits fair, we have a link on our web page, and we provide to each employee each year a fold out of all of the options for medical available to them. 2. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.

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District	Category	Efforts and Achievements
Franklin Pierce School District	**Part-Time Employee Coverage Protection**	1. The district offers Group Health as a medical option, Group Health offers medical to employees who work a minimum of 2 hours per day. 2. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Franklin Pierce School District	**Premium Differential Reduction**	1. By each Bargaining group, the groups are agreeing to a cost out of pocket for employees to make progress towards the 3:1 ratio, eventually all of the bargaining groups will be doing this. 2. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Freeman School District	**Administrative Cost Reduction**	District policy to always look for ways to save expenses
Freeman School District	**Cost Savings**	Self-insured for dental and vision
Freeman School District	**Customer Service**	Broker seminars, intranet postings, insurance packets
Freeman School District	**Part-Time Employee Coverage Protection**	Added high deductible/health savings account options
Freeman School District	**Premium Differential Reduction**	Conversation continues with unions
Garfield School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate

District	Category	Efforts and Achievements
		in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Garfield School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Garfield School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.

District	Category	Efforts and Achievements
		D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Garfield School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Garfield School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Glenwood School District	**Administrative Cost Reduction**	"Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense

District	Category	Efforts and Achievements
		costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.Providence Health Plan through our Quality Medical Management program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Preformance quality of care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy benefit management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. PHP will work with the districts and their producers or consultants to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
Glenwood School District	**Cost Savings**	Providence Health Plan has invested in preventitive care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patien safety reporting, initiative in place to reduce complaints and potential medical errors, the Health Plan includs a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best in class pharmacy management program.
Glenwood School District	**Customer Service**	Providence Health Plan has best-in-class medical and care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence Health Plan Customer Service and Claims are locally located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services available, automated voice response system and call tracking software for real time and historical activity. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimators etc. BCI, our benefit consultant, holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.
Glenwood School District	**Part-Time Employee Coverage Protection**	We allow coverage for part-time employees, if the employer requests it. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Glenwood School District	**Premium Differential Reduction**	We are working with our unions and our benefit consultants to review our pooling and collective bargaining units. In addition, we negotiate with our health carriers and periodically complete a bid process to maintain competitive prices.
Goldendale School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced

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		percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.Providence Health Plan through our Quality Medical Management program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Preformance quality of care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy benefit management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. PHP will work with the districts and their producers or consultants to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
Goldendale School District	**Cost Savings**	Providence Health Plan has invested in preventive care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
Goldendale School District	**Customer Service**	Providence Health Plan has best-in-class medical and care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence Health Plan Customer Service and Claims are locally located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services available, automated voice response system and call tracking software for real time and historical activity. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimators etc. BCI, our benefit consultant, holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.
Goldendale School District	**Part-Time Employee Coverage Protection**	We allow coverage for part-time employees, if the employer requests it. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Goldendale School District	**Premium Differential Reduction**	We are working with our unions and our benefit consultants to review our pooling and collective bargaining units. In addition, we negotiate with our health carriers and periodically complete a bid process to maintain competitive prices.

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District	Category	Efforts and Achievements
Grand Coulee Dam School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Grand Coulee Dam School District	**Cost Savings**	Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Grand Coulee Dam School District	**Customer Service**	Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees.

District	Category	Efforts and Achievements
		E. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Grand Coulee Dam School District	**Part-Time Employee Coverage Protection**	WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. They added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Grand Coulee Dam School District	**Premium Differential Reduction**	WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. They added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. They used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Grandview School District	**Administrative Cost Reduction**	We have zero (0) internal administrative expenses. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.

District	Category	Efforts and Achievements
		Group Health have efforts underway to improve our administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. We will continue to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance our abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. At Group Health, we have been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service and care.
Grandview School District	**Cost Savings**	The district continues to work with the unions in seeking out and negotiating with different brokers that reduce costs for medical, dental, and vision. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Group Health has teams of experts that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. We also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Grandview	**Customer**	The district continues to work with the unions in negotiations with different brokers to reduce costs for medical, dental, and

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School District	**Service**	vision. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Grandview School District	**Part-Time Employee Coverage Protection**	As per union contracts, all employees that are .5 FTE or higher are eligible for each plan offered to full time employees and access to additional insurance dollar pools funded by the district for the unions. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Grandview School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.

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Granger School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Granger School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Granger School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about

District	Category	Efforts and Achievements
		wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Granger School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Granger School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Granite Falls School District	**Administrative Cost Reduction**	Premera WEA - Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highe
Granite Falls School District	**Cost Savings**	Premera WEA - that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.Programs that monitor controlled medication substances

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Granite Falls School District	**Customer Service**	Premera WEA - Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about well
Granite Falls School District	**Part-Time Employee Coverage Protection**	Premera WEA - Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contribu
Granite Falls School District	**Premium Differential Reduction**	Premera WEA -Gave lower increases to dependents than to employee only tiers for the past three years.
Grapeview School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Grapeview School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make

District	Category	Efforts and Achievements
		changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Grapeview School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Grapeview School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.

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Grapeview School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Great Northern School District	**Administrative Cost Reduction**	The district has spent increased time spend filling out surveys and 3rd party reporting that are unfunded. " WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Great Northern School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher
Great Northern School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides ed
Great Northern School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providi
Great Northern School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and al
Green Mountain School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to improve quality, improve enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses

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Green Mountain School District	**Cost Savings**	Premera has the hightest number of in network providers,volume discounts with Premera, open drug formulary which help provides choice to consumer and doctors
Green Mountain School District	**Customer Service**	Provides a website with access to information about the employee's benefits which includeds a cost estimatior which helps them determine which providers require less out of pocket costs. The website provides educational information about wellness programs and their plan benefits.
Green Mountain School District	**Part-Time Employee Coverage Protection**	Have provided access to coverage for part time employees working 17.50 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing toward the cost of the medical plan.
Green Mountain School District	**Premium Differential Reduction**	WEA select Medical Plans through Premera;gave lower increases to dependents than to employee only tiers for the past 3 years. Added lower cost options added Easychoice plans with lover premiums with many first dollars benefits and a HDHP
Griffin School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Griffin School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify

District	Category	Efforts and Achievements
		appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Griffin School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Griffin School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical

District	Category	Efforts and Achievements
		plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Griffin School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Harrington School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years.
Harrington School District	**Cost Savings**	a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.

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Harrington School District	**Customer Service**	Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.
Harrington School District	**Part-Time Employee Coverage Protection**	The District offers employees that work 20 hours a week benefits
Harrington School District	**Premium Differential Reduction**	There is a percentage of out-of pocket for all contributing memebers
Highland School District	**Administrative Cost Reduction**	WEA auto adjudication rates remain high within Premera which reduces the need for manual intervention.
Highland School District	**Cost Savings**	High number of 'in network' providers; evidence based medicial initiatives; provider advisory groups; plans that include copayments for ER; programs that monitor controlled medication substances
Highland School District	**Customer Service**	Provides website with access to information about employee benefits which includes cost estimator which helps employee determine which providers require less out of pocket costs. Also provides educational information about wellness programs and plan benefits.
Highland School District	**Part-Time Employee Coverage Protection**	Have always offered access to coverage for part time employees; added lower cost options such as EasyChoice plans and HDHP.
Highland School District	**Premium Differential Reduction**	Gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost options such as Easy Choice plan that have lower premiums and many first dollar benefits and added HDHP.
Highline School District	**Administrative Cost Reduction**	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans. WEA Select Medical Plans through Premera:

District	Category	Efforts and Achievements
		A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Highline School District	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs

District	Category	Efforts and Achievements
		are cost and care-effective.
Highline School District	**Customer Service**	We have worked to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Highline School District	**Part-Time Employee Coverage**	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.

District	Category	Efforts and Achievements
	Protection	2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Highline School District	**Premium Differential Reduction**	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Hockinson School District	**Administrative Cost Reduction**	DISTRICT: We made an effort to educate our staff on their options. We created spreadsheets with various plans at each tier level so they could see how much their state dollars would buy them. We paired this with Summary of Benefits so they could compare plan values. We had an instruction sheet on what paperwork needed to be completed for each plan. It seemed to streamline the process.

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District	Category	Efforts and Achievements
		PREMERA: WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services. KAISER: Kaiser Permanente Northwest (KPNW) has adopted a Lean Six Sigma management system and has been building the capability since 2006. This innovative approach includes National Labor Management Partnership at the frontline level. This system is based on the attributes of high-performing organizations and incorporates features of quality management systems—including Lean, Six Sigma, and the Institute for Healthcare Improvement's Model for Improvement. KPNW currently has a Greenbelt and Blackbelt program for our leaders and entire organization with 15 certified Blackbelts and 45 certified Greenbelts. In addition our National Improvement Institute program has trained over 400 frontline teams. Annual advanced skill training in process improvement is provided to our frontline teams for continuous development of these skill sets. Our Lean Six Sigma Journey continues in 2013 and includes the following: • Green Belt Certification Program • Rapid Improvement Event Program • Sponsor/Champion Program • Consultant Development Program • Experiential learning in Lean/Six Sigma tools and approaches for Leaders A number of managers have become Lean certified through creating systems improvements in scheduling, back office process design, and interdepartmental communication.

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Hockinson School District	Cost Savings	Our Major focus in 2012 and 2013 has been to improve the service experience by enabling more care inside our own system and by improving access. We were able to achieve breakthrough performance changes in both areas. Specific examples of internalizations that have also improved service are Ventricular Assist Device, Retinal Surgery, Oncology in the Salem area, and Dialysis Access. DISTRICT: The district shares information via email to our employees on ways to stay healthy. We receive information from our carriers on eating healthy, healthy habits, information about flu shot clinics etc. That we share with our staff. PREMERA: WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. KAISER: • In 2013, we are building on success and momentum from 2012 performance to execute over $100m in initiatives through internalization, elimination of waste and care transformation.

District	Category	Efforts and Achievements
		• Expanded Onsite Wellness Partnerships • The Drug Utilization Action Team is continuing improvement in pharmaceutical costs by effective and timely conversions to generic products, working with providers to ensure appropriate usage and prescribing patterns, and leveraging lower cost formulary products whenever clinically appropriate. Current work also includes providing unblinded data on physician prescribing patterns by provider name, location, and specialty for specific targeted drugs. Individual physicians have access on a protected website with click-through graphics and comparisons. This initiative saved over $30M in 2012. Since the inception of this initiative in 2006, it has saved KPNW over $150M. We have several advantages inherent to our model which facilitate appropriate clinical and financial incentives to optimally manage specialty care, hospital care, ancillary care, and home health care. Our physician payment model is a combination of salary and variable compensation. The variable compensation is based on achieving key service, access, quality, resource stewardship, and productivity targets. Outcomes are tracked, reported and managed regularly using transparent data. We are able to deliver all of the elements listed within the current Kaiser Permanente delivery system. Our "glue" is our electronic medical record that is built around the patient with all elements of the delivery system using this singular tool. Our strength is the integration of our delivery system. We are one entity, so we have solved the financial issue around incentives for coordination and cooperation. Northwest Permanente P.C. (NWP) is an integrated medical group that includes Primary Care and Specialty Care together under one organizational umbrella. All providers are salaried with pay for performance incentives which are balanced between Quality/Evidence-Based Medicine, Service, Productivity and Resource Stewardship. This reimbursement model creates appropriate alignment to deliver high-quality affordable care. We do not have an incentive payment model that results in perverse incentives to over-treat and compromise our commitment to evidence based medicine. We not only embed evidence-based guidelines into our electronic medical record, we design our referral process around the proper scope of practice between primary and specialty care. The electronic referral process is mutually worked by both primary and specialty care and uses evidence based medicine, and expert consensus opinion. This process discourages unnecessary variation in care for common conditions. We use shared decision making to determine when a specialist or test is needed, but remain focused on the voice of the customer through the process. We ensure through our electronic systems that we do not duplicate tests. We have significantly reduced our re-admission rates through our transitions in care process which connects patients to primary care and pharmacy upon discharge. Evidence-based guidelines are embedded into our electronic medical record. We have established agreements on evidence,

District	Category	Efforts and Achievements
		and indications to allow primary care referrals to specialty care and specialist referrals to outside consultants for unusual circumstances. We track referrals regularly to monitor appropriate utilization and staffing needs. We track imaging utilization down to the individual provider level for critical imaging services in order to support evidence-based ordering. The Kaiser Permanente Dental Care Program (KPDCP) has demonstrated with multi?disciplinary clinical teams, care coordination and integration with our medical services, that we are totally committed to fully integrate our dental capability within this total health model. Our Dental Care Program envisions a future where our dental and medical providers work side-by?side at a heightened level to coordinate our members' care. When both medical and dental plans are with Kaiser Permanente, members have access to: • Services in one convenient location, or nearby: doctors, dentists, optometrists, pharmacy and lab. • The ability to fill prescriptions at a Kaiser Permanente pharmacy located near, and sometimes, at the same location as the dental office. • An integrated care model with our dental offices having access to pertinent member electronic medical information to help identify preventive screening gaps and provide member reminders for medical tests that are due. • Electronic medical records dentists can access with the most updated list of medications and allergies. This ensures the unparalleled safety for patients that are receiving care in our integrated model • Screenings at dental appointments to check for signs of diabetes, high blood pressure, and oral cancers with direct referrals made to a Kaiser Permanente medical physician when risks are identified. • Use of Kaiser Permanente medical Tumor Registry TRAK electronic system for all oral tissue biopsies performed in the dental care program. This registry records biopsy results and tracks cases to ensure follow?up is appropriate and timely. • Tobacco use screening for patients over the age of 13 at every exam appointment, and offered referral assistance to health coaches for those members who want assistance in quitting smoking. We partner with community providers, including OHSU, Salem Hospital, Providence St. Vincent, and starting in the fall 2013, Legacy Salmon Creek Medical Center, along with others to provide care to our members. Our relationships with strategic hospital partners and providers are designed to closely mirror our Kaiser Permanente integrated care model. For example, Northwest Permanente hospitalists and specialists are part of the hospitals' medical staff, and retain the responsibility of managing Kaiser Permanente members onsite at the contracted hospitals. Maximum integration of the hospitals' and IT systems to ensure timely exchange of clinical data in support of patient care is an essential component of our relationships with our hospital partners. Northwest Permanente physicians actively collaborate with other physicians and hospital administration on joint quality improvement projects, and routinely share best practices to improve, not just the health of KP members, but the health of the community of patients served by the hospital.

District	Category	Efforts and Achievements
		Performance-based payment models are included in the contracts with our strategic hospital partners as well as our medical group partner, The Portland Clinic. We collaborate closely to select measures that will positively impact quality, patient satisfaction, and safety, and that have the greatest potential for positively impacting the care of the entire patient population served by the hospital or clinic. Selected hospital metrics include readmission rates, patient falls, surgical site infection rates, and patient satisfaction with care received at that hospital. We set yearly inpatient utilization targets using PDR (patient day rate) and track them regionally and by medical office. We have a focused approach to optimizing inpatient care and utilization which we call IQM (inpatient quality management). The key elements of IQM are: • Ensure patients receive the right care in the right place, at the right time, with the right person. o Hospitalists make all medical admission decisions and determine appropriateness. If the patient needs a specialty admission, the specialist makes the decision (this approach contrasts with many systems in which admission decisions are made primarily by ED clinicians). • Systems to ensure an appropriate "pause" to be sure all providers agree on the planned admission. • Systems to ensure exceptional communication between hospitalists, Emergency Department (ED) clinicians, and specialists. • Care coordinators are paired with ED, hospitalist teams and specialty teams. • The admission teams are expected to plan the length of stay. • Formal IQM rounds 3 days/week at Kaiser Sunnyside Medical Center (KSMC) to identify any system issues that are delaying necessary care. • Our Skilled Nursing team is linked in with KSMC care coordinators to optimize timely placement of patients to Skilled Nursing Facilities. • Our IQM rounds focus on the most common issues that delay care and result in lack of optimal care (uncontrolled pain, unidentified palliative care issues, long lengths of stay, family and social issues). We also track short length of stays to determine if there were potential alternatives to admission. The core elements we track and monitor to ensure we deliver excellent inpatient care include: • Patient Day Rate across the region and by medical office building. • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. The HCAHPS survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care. We believe that as we improve

District	Category	Efforts and Achievements
		communication and patient engagement, our HCAHPS scores improve and IQM improves. HCAHPS scores are individually measured by hospitalists and part of their performance evaluations. We have a dedicated team of physicians who are dedicated to ongoing improvements in physician communication with hospital staff, patients and families. • Readmission rate is tracked overall for all hospitals and down to the individual clinician level when appropriate. We have a Transitions team that reviews all readmissions to identify potentially avoidable readmissions. • Length of Stay is tracked to individual hospitalists and by specialty department and in selected circumstances to the individual specialist. o Hospital acuity adjusted mortality o TJC measures • Our pathology department leads efforts to ensure appropriate laboratory testing utilization. • Productivity targets set against national and local hospital benchmarks and departmental level tracking of performance utilizing Action OI national hospital database (Action OI (operational improvement) from Truven Health Analytics, formerly Thomson Reuters, is a database that contains operational benchmarks for the hospital industry). We have systems in place to ensure that the patients get the appropriate timely follow up in both primary and specialty care. Also, similar to the after-visit summary given to patients after every visit, the patient receives a personalized hospital discharge summary that is part of their global electronic medical record. This includes information about his or her hospital course, instructions, medications, follow-up plans, as well as whom to call. Our dedicated preventive approach provides a remarkable combination of lower-cost, higher-quality care. Because we're set up differently, we're aligned to better deliver what matters to you: improved health, better clinical outcomes, more value, and consistent service. Our integrated care has both the mission and the ability to focus on prevention. It's an approach that helps keep your employees healthier and your costs lower, because it costs less to prevent chronic conditions than it does to treat them. This focus on prevention helps keep our members healthier—and as a result, members incur fewer costs in the more expensive treatment categories, such as procedures, surgeries, and hospital admissions.
Hockinson School District	**Customer Service**	DISTRICT: We held a fantastic benefits fair with representatives from our carriers where they could learn more about specific plans. We also have a website where employees can go to get forms or information. PREMERA: WEA Select Medical Plans through Premera:

District	Category	Efforts and Achievements
		A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans. KAISER: Kaiser Foundation Health Plan of the Northwest received the highest numerical score among commercial health plans in the Northwest region in the proprietary J.D.Power and Associates 2012 U.S. Member Health Plan Studysm (jdpower.com). Proprietary study results are based on experience and perceptions for members surveyed December 2012 – January 2012. One way we provide better service to Washington School District employees is by providing a variety of clinical access alternatives that make it easy for school employees to access their physicans in a variety of ways. For example, employees can email their physicians, view lab results online, have telephone consultations with their physicians and access a 24 hour nurse advice line all at no additional cost or time away from work. Quality Improvement Practices we are currently undertaking • Reduction of Surgical Site Infections Kaiser Sunnyside Medical Center (KSMC) o In 2010, reduced surgical site infections by 36% overall. o Used a Lean approach to standardize certain surgical tasks, surgical apparel, and body temperature regulation. o As a result, the patients are not exposed to an unnecessary risk of infection and their inpatient stays are not extended due

District	Category	Efforts and Achievements
		to infection. • Culture of Safety Work including Patient Safety University in the ED o Implemented staff surveys to assess culture at the work-team level. o Added a patient advocate to the hospital's Quality Council, with a commitment to initiate a Patient Advisory Council in 2012. o Trained a pilot group of surgeons on specific behaviors designed to improve communication in the operating room. o Implemented surgical checklists and pre- and post-operative briefings. o This work produces higher quality and safer care for each patient that is hospitalized. • Contracted with Pascal to improve safety culture and teamwork in the ED. • Glycemic Control project (across ED and Patient Floors KSMC) o Reduced 30-day readmission rates from 20% to 15% or lower (surpassed target of 18.34%) for diabetic patients in 2011. Since 2008 the organization has achieved a 15% improvement in the percentage of blood sugar tests that result within the targeted range 100% of the time. o Successful pilot demonstrated that a diabetic patient's duration in the hospital is decreased if he or she receives coordinated follow-up following discharge from the hospital. o Integration with Transition and Ambulatory Care and engagement with member, family and care givers contributes to decreased readmission rates • Sepsis and Early Goal Directed Therapy on patient floors at KSMC o Reduced mortality rates from sepsis from 11.6% (2009) to 6.7% (2011). o Oral Health Classification System (OHCS) – the OHCS will be outcome-based and allow us to measure the dental wellness of an employer group. It will: o Establish parameters to define the oral health of a member population/subpopulation. o Consist of four Oral Health indicator levels (OHI-1, OHI-2, OHI-3, OHI-4). • Use the OHI as a monitor to target at-risk groups (requiring emergent periodontal needs, caries control, root canals, extractions etc) and more expeditiously introduce preventive measures by vectoring resources to these populations. o Result in improved and sustained oral and consequently total health for our members and cost savings for employer groups. •Proactive Panel Support o Pharmacist and support staff provide consistent population and evidenced-based proactive care (patient engagement, healthy lifestyles, treat to target, adherence, medication reconciliation, etc.) to all members of eligible populations. Current focus includes Diabetes, Hypertension, and Cardiovascular Risk. • Unit-Based Team Process Improvement to streamline processes and decrease wait time of New Insulin Start Program

District	Category	Efforts and Achievements
		o RN Case Managers worked on process maps and applied lean principles to streamline work. Wait time decreased from 8 weeks to < 1 week •Piloting Webinar Nutrition and Health Education classes. o Member feedback indicates webinar forums would be favored. Preliminary results indicate good participation. Expanding to other topics and experimenting with delivery formats and times. • RN Complex Case Management which meets NCQA standards o Re-defined populations o Re-defined processes, developed HC tools and trained staff to provide consistent, documented complex case management o Enhanced patient engagement, patient-centered goal setting, extensive assessment, assessment of readiness, and consistent documentation of action plans • Diabetes One Stop – Successful pilot, rolled out to all members in all clinics. Provides Navigation support for diabetes members. Includes targeted outreach, in-reach, and provides a robust triage function. oFurther coordinated in-reach and outreach with a focus on healthcare disparities to further improve colorectal cancer screening rates • Preventing Heart Attacks and Strokes Everyday (PHASE) – helping High-risk cardiovascular patients improve blood pressure control rates, lipids, glucose, and advocate tobacco cessation
Hockinson School District	**Part-Time Employee Coverage Protection**	DISTRICT: We offer medical benefits to all employees regardless of FTE. If they are less than 20 hours a week the offerings are only with Premera. Our current contract with Kaiser states they must work 20 hours per week to be eligible for Kaiser coverage. PREMERA: WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. (We allow fewer hours). B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Hockinson School District	**Premium Differential Reduction**	DISTRICT: Rates increases were somewhat higher for individual employee plans versus family plans. Our groups also voted to have dental be an optional benefit versus taking funds from the state allotment which provided more pool dollars helping families and employees in other tier groups out.

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District	Category	Efforts and Achievements
		PREMERA: WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP. KAISER: Rather than lowering cost differentials to favor family coverage, Kaiser used cost saving efforts to keep total rate package affordable.
Hood Canal School District	**Administrative Cost Reduction**	N/A
Hood Canal School District	**Cost Savings**	N/A
Hood Canal School District	**Customer Service**	N/A
Hood Canal School District	**Part-Time Employee Coverage Protection**	N/A
Hood Canal School District	**Premium Differential Reduction**	N/A
Hoquiam School District	**Administrative Cost Reduction**	At the District level, we do not have any adminstrative expenses. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Hoquiam School District	**Cost Savings**	All employees in our district that are eligible for medical benefits are on family vision and dental plans which allows us to receive the 10% discount offered by Premera that further lowers the costs to our employees for medical premiums.

District	Category	Efforts and Achievements
		Premera has the following included in all the WEA medical programs (all of our plans are WEA Select) a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Hoquiam School District	**Customer Service**	a. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. b. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. c. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. d. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. e. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees.

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District	Category	Efforts and Achievements
		f. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. g. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Hoquiam School District	**Part-Time Employee Coverage Protection**	WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA has added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Hoquiam School District	**Premium Differential Reduction**	a. Our District has negotiated MOU'S with our various bargaining units and instituted a 1% minimum fee to all employees vs. previous years where they paid no part of their premium. This total of these fees has been added back into our pooling spreadsheet and distributed by formulas to employees paying larger premiums to help reduce the differential between employee only and full family coverage. b. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past three years. c. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. d. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Inchelium School District	**Administrative Cost Reduction**	The district has spent increased time spend filling out surveys and 3rd party reporting that are unfunded. " WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to imp
Inchelium School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher
Inchelium School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides ed
Inchelium School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providi
Inchelium	**Premium**	WEA Select Medical Plans through Premera:

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District	Category	Efforts and Achievements
School District	**Differential Reduction**	A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and al
Index School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Index School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Index School	**Customer**	WEA Select Medical Plans through Premera:

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District	Category	Efforts and Achievements
District	**Service**	A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Index School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Index School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Issaquah School District	**Administrative Cost Reduction**	Plan Consolidation and online enrollment
Issaquah School District	**Cost Savings**	Plan Consolidation and online enrollment

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District	Category	Efforts and Achievements
Issaquah School District	**Customer Service**	Online enrollment, benefits fairs
Issaquah School District	**Part-Time Employee Coverage Protection**	As a school system a vast majority of our part time employees have coverage through negotated agreements.
Issaquah School District	**Premium Differential Reduction**	Employee groups have minimum out of pocket requirements. These funds are redistrubuted in the benefit pooling process, making progression towards the 3 to 1 goal.
Kahlotus School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years.
Kahlotus School District	**Cost Savings**	Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network").
Kahlotus School District	**Customer Service**	WEA Select Medical Plans through Premera provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.
Kahlotus School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Kahlotus School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Kalama School District	**Administrative Cost Reduction**	A. Discussion with district attorney and union reps.
Kalama School District	**Cost Savings**	WEA Plans through Premera:
Kalama School District	**Customer Service**	District Offers more options for health benefits
Kalama School	**Part-Time**	Discussion with district attorney and union reps.

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District	Category	Efforts and Achievements
District	Employee Coverage Protection	
Kalama School District	Premium Differential Reduction	Discussion with district attorney and union reps.
Keller School District	Administrative Cost Reduction	Due to the small size of Keller School District we are fortunate to no have any direct administrative costs relating to benefits. All time spent on managing benefits is absorbed into the Business Management Contract that Keller has with the local ESD.
Keller School District	Cost Savings	We always encourage our staff to make healthy life choices and strive to support healthy lifesyles that will in turn keep health care costs down. We currently have a walking group at lunch (as weather permits) and many employee's that are participating in a friendlyweightloss compitetion between co-workers.
Keller School District	Customer Service	We have ensured the employee's have access to assistance for logging into the Aon Hewitt site. From this site they can review their beenfits and make changesg during open enrollment.
Keller School District	Part-Time Employee Coverage Protection	Keller School District Continues to offer benefits to all part time employees based upon their FTE.
Keller School District	Premium Differential Reduction	We have been reliant in the area on the premiums that are set by Premera. As a small District with a couple of employee's that waive medical we have been able to help subsidize full family coverage with our pooling efforts.
Kelso School District	Administrative Cost Reduction	A. The district streamlined by removing the benefits officer and using Propel as our broker. The Cost is much less and the responsibilities in district are spread among staff. B. WEA Select Medical Plans through Premera: a. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. b. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. c. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Kelso School	Cost Savings	A. The district bids and compares rates every year that are collect by our brokers. We also have representative from each

District	Category	Efforts and Achievements
District		bargaining group that is part of our benefits committee. Together they decide which options we will choose. B. WEA Select Medical Plans through Premera: a. Provider contracting - Premera has the highest number of providers "in network" in the state (98%+ of all claims paid are "in-network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) c. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. g. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. h. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. i. Programs that monitor controlled medication substances to provide protection for enrollees. j. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Kelso School District	**Customer Service**	A. The District sends out more communication about changes and open enrollment via email, flyers, post cards, and the benefits fair. We also discuss benefit information during new employee orientation. Our website has a benefits page where employees can go and get information about each of the available benefits. All of our HR/Payroll staff is trained on benefits and able to a assist employees with questions or direct them appropriately. B. WEA Select Medical Plans through Premera: a. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. b. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. c. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. d. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. e. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. f. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support

District	Category	Efforts and Achievements
		decision making and healthier lifestyle decisions. g. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Kelso School District	**Part-Time Employee Coverage Protection**	A. The district's bargaining units have medical benefits bargained into their bargaining agreements. We also have a bargaining committee made up of members from each bargaining unit. This committee makes the decisions on options for plans. B. WEA Select Medical Plans through Premera: a. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. b. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. c. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Kelso School District	**Premium Differential Reduction**	A. The District offers multiple plans with a variety of choices. Bargained with each of our bargaining groups for a 3% of the premium as the minimum out of pocket for each employee. This helps the pooling amount that is spread to full family coverage employees. B. WEA Select Medical Plans through Premera: a. Gave lower increases to dependents than to employee only tiers for the past three years. b. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Kennewick School District	**Administrative Cost Reduction**	N/A
Kennewick School District	**Cost Savings**	Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers “in network” in the state (98%+ of all claims are paid “in network”). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera’s national “Blue”network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member’s needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

District	Category	Efforts and Achievements
		f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. Group Health has teams of experts that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. We also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Kennewick School District	**Customer Service**	We are currently have meeting with a Health Committee made up of members of all bargaining units to discuss the possibility of offering other more affordable medical plans. We are in the process of reviewing other insurance bids and bringin the findings before the committee to review.
Kennewick School District	**Part-Time Employee Coverage Protection**	The Kennewick School District already offers medical plans to employees working an averge of at least 10 hour or more per week.
Kennewick School District	**Premium Differential Reduction**	The Kennewick School District is collecting the additional 1% fee and redistributing to those doing family coverage.
Kent School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.

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Kent School District	**Cost Savings**	A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Kent School District	**Customer Service**	A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the

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District	Category	Efforts and Achievements
		enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Kent School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Kent School District	**Premium Differential Reduction**	Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Kettle Falls School District	**Administrative Cost Reduction**	The Kettle Falls School district does not have administrative costs as such, The district Payroll/ Benefit Officer administers the benefits during their regular work hours
Kettle Falls School District	**Cost Savings**	Premera continues to have the the highest number of providers"in network" in the state. Premera has access to consumer decision-support resources to help enrollees understand and direct their health care needs. The school district pays the total cost of the carve-out for the teachers and part of the carve-out for the classified employees. The district adds $7000 to the benefit pool.
Kettle Falls School District	**Customer Service**	Premera provides a website with access to information about the employee benefits.The website provides educational information about wellness programs and their plan benefits. The school district communicates with the staff in August and again in September about new rates and changes to the health care plans and continues to communicate during the school year. The district invited all employees to an open computer lab to have assistance signing up for their benefits during open enrollment.
Kettle Falls School District	**Part-Time Employee Coverage Protection**	The school district offers health care coverage to all regular employees of the district. This includes all On-call substitutes and coaches are not eligible.
Kettle Falls School District	**Premium Differential Reduction**	The district has negotiated with the unions and they have agreed to pay a percent of the medical premium costs before pooling, which decreases the cost of full family coverage and increases the cost to employee only.
Kiona-Benton City School District	**Administrative Cost Reduction**	N/A no aministrative expenses

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District	Category	Efforts and Achievements
Kiona-Benton City School District	Cost Savings	We compared prices and plans with other plans available
Kiona-Benton City School District	Customer Service	We offer a large rand medical plans to employees. And compare other medical providers plans. Employees can go online and compare benefits with Premera or Group Health.
Kiona-Benton City School District	Part-Time Employee Coverage Protection	Offering coverage at 3 hrs per day with district contributions toward medical.
Kiona-Benton City School District	Premium Differential Reduction	Pooling and start a mandatory contribution
Kittitas School District	Administrative Cost Reduction	NA
Kittitas School District	Cost Savings	The District periodically evaluates health care options and have been advised to continue with PEBB for both District and Employee cost savings.
Kittitas School District	Customer Service	The Kittitas Business Manager performs all duties of employee benefit management.
Kittitas School District	Part-Time Employee Coverage Protection	Kittitas SD provides insurance to any employee working over 19 hours/week. All employees are eligible with the exception of 2.
Kittitas School District	Premium Differential Reduction	Kittitas School District only offers PEBB benefits to employees, therefore meets the State requirements.
Klickitat School District	Administrative Cost Reduction	Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Managment program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys

District	Category	Efforts and Achievements
		conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases. BCI our benefit consultant, reduced their administration fee by 10%.
Klickitat School District	**Cost Savings**	Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program.
Klickitat School District	**Customer Service**	Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.
Klickitat School District	**Part-Time Employee Coverage Protection**	We offer benefits to part time employees who work 25 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Klickitat School District	**Premium Differential Reduction**	We are working with our unions and our benefit consultants to review our pooling and collective bargaining agreements. In addition, we negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.
La Center School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years.

District	Category	Efforts and Achievements
		B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
La Center School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
La Center School District	**Customer Service**	A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing

District	Category	Efforts and Achievements
		education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
La Center School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
La Center School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
La Conner School District	**Administrative Cost Reduction**	N/A
La Conner School District	**Cost Savings**	Variety of plans available to employees.
La Conner School District	**Customer Service**	Ongoing emails, publications and training for access to web services.
La Conner School District	**Part-Time Employee Coverage Protection**	The bargaining agreements dictate when employees are eligible.
La Conner School District	**Premium Differential Reduction**	Bargaining groups dictate which plans are offered to the employees. Some of our groups have searched out Consortiums to seek out lower cost plans instead of typical WA plans.
LaCrosse School	**Administrative**	District: Please indicate if your district has done something specific in this area.

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District	Category	Efforts and Achievements
District	**Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
LaCrosse School District	**Cost Savings**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
LaCrosse School District	**Customer Service**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera:

District	Category	Efforts and Achievements
		A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
LaCrosse School District	**Part-Time Employee Coverage Protection**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
LaCrosse School District	**Premium Differential Reduction**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Lake Chelan School District	**Administrative Cost Reduction**	N/A

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District	Category	Efforts and Achievements
Lake Chelan School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Lake Chelan School District	**Customer Service**	Insurance committee met and voted to stay with Premera Blue Cross after viewing other plan costs
Lake Chelan School District	**Part-Time Employee Coverage Protection**	Part time employees are offered the same plans ans full time employees WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Lake Chelan School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also

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District	Category	Efforts and Achievements
		added the HDHP Plan.
Lake Quinault School District	**Administrative Cost Reduction**	NA
Lake Quinault School District	**Cost Savings**	NA
Lake Quinault School District	**Customer Service**	NA
Lake Quinault School District	**Part-Time Employee Coverage Protection**	NA
Lake Quinault School District	**Premium Differential Reduction**	NA
Lake Stevens School District	**Administrative Cost Reduction**	More automation -online enrollments, evaluate alternative carriers that could result in lower administrative costs and/or premiums
Lake Stevens School District	**Cost Savings**	Lower premium increases on dependent coverage vs. employee only coverage, lower premium cost plans with higher deductibles, encourage the use of in-network providers, look at alternative carriers
Lake Stevens School District	**Customer Service**	Employee Benefits Handbooks with information on plans and cost to assist with plan choices, online access to employees medical plan information, customer service via phone calls and secure emails with the carriers, Benefits Advisory Committee that reguarly reviews benefits offered and how they are benefiting our employees
Lake Stevens School District	**Part-Time Employee Coverage Protection**	Offer benefits to regular certificated employees working 17.50 or more per week and regular classified employees working 20.00 hours or more per week, provided all employees with contact information for the State Marketplace
Lake Stevens School District	**Premium Differential Reduction**	Employees pay a minimum percentage of the premiums for their plan of choice allowing more unused allocations monies to go to reduce family costs. Lower cost options for families, discourage unnecessary double coverages of dependents
Lake Washington School District	**Administrative Cost Reduction**	Premera has institutied an online enrollment system to enhance efficiency and reduce paperwork.
Lake Washington	**Cost Savings**	We have implemented the following steps: 1) Per requirements of SB 5940 we are offering a HDHP/HSA as of 10/01/2012; and 2) Annually we evaluate alternative carrier and plan designs for all health plans.

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District	Category	Efforts and Achievements
School District		
Lake Washington School District	Customer Service	We have worked to provide improved customer services by: 1) providing a comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information and links on the District portal for more information and forms; 2) hosting an employee benefits and wellness fair which allows all employees to learn the most efficient way to access their benefits and learn how to stay healthy; 3) ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members; 4) providing articles in employee newsletter notifying employees of changes in plans, enrollment processes, and links to information on-line on the staff portal; and 5) having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Lake Washington School District	Part-Time Employee Coverage Protection	Our current bargaining contracts provide coverage to all employees who are at least .5 FTE (20 hours per week for classified and 17.5 hours for certificated). Certificated substitutes are offered benefit coverage after working at least 6 months consistently for a minimum of 70 hours a month. We have provided all existing and new employees with the required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014.
Lake Washington School District	Premium Differential Reduction	We have done the following: 1) implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; 2) evaluated alternative carrier and plan designs for all health plans that could reduce premiums, which may increase pooling dollars available to those covering dependents.
Lakewood School District	Administrative Cost Reduction	Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Lakewood School District	Cost Savings	Consumer Driven High Deductible Health Plan with a Health Savings Account offered as of 10/01/2012
Lakewood School District	Customer Service	Hosting an employee benefits fair with hours allowing all employees to learn the most efficient way to access their benefits.
Lakewood School District	Part-Time Employee Coverage Protection	Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014.
Lakewood School District	Premium Differential Reduction	Implemented minimum premium contribution for all employess, effectively increasing the employee only cost and reducing the cost for covering dependents.
Lamont School District	Administrative Cost Reduction	WEA's administrative costs have reduced overall administrative costs from 8.8% in 2005 to under 6% for the last three years.
Lamont School District	Cost Savings	WEA Select Plans has the highest number of providers "in network" in the state
Lamont School	Customer	Premera provides a website with access to information about wellness programs and their plan benefits as well as a cost

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District	Category	Efforts and Achievements
District	Service	estimator
Lamont School District	Part-Time Employee Coverage Protection	WEA Select Plans added lower cost options, such as the EasyChoice plans that have lower premiums as well as the HDHP Plan.
Lamont School District	Premium Differential Reduction	WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past three years
Liberty School District	Administrative Cost Reduction	N/A
Liberty School District	Cost Savings	Offered additional new lower cost health plan
Liberty School District	Customer Service	More documents are being made available online
Liberty School District	Part-Time Employee Coverage Protection	Our eligible part-time employees have access to same plans as full time
Liberty School District	Premium Differential Reduction	The premiums are being heavily weighted to the employee also minimum deduction gets the differential closer in balance as well
Lind School District	Administrative Cost Reduction	ADMINISTRATORS HAVE THE OPTION OF TAKING A LOW DEDUCTIBLE PLAN
Lind School District	Cost Savings	COST SAVINGS ARE AVAILABLE BY THE HDHP
Lind School District	Customer Service	BLUE CROSS NOW OFFERS WEB/PHONE ACCESS TO CUSTOMER SERVICE
Lind School District	Part-Time Employee Coverage Protection	ALL PART-TIME EMPLOYEES HAVE ACCESS TO HEALTH CARE IN OUR DISTRICT
Lind School District	Premium Differential	BLUE CROSS SETS THE PREMIUM AMOUNTS

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District	Category	Efforts and Achievements
	Reduction	
Longview School District	Administrative Cost Reduction	None at this time
Longview School District	Cost Savings	Our group is now offering a QHDHP which will help those who need a low cost plan.
Longview School District	Customer Service	Benefits committee with representatives from each bargaining group to make decisions regarding benefit choices.
Longview School District	Part-Time Employee Coverage Protection	Our part-time employees are eligible for medical coverate if they work 17.50 hours per week.
Longview School District	Premium Differential Reduction	Three of our employee groups have instituted minimum deductions, so that all employee are making a contribution towards their premium. It has started at a low percentage, but we hope to increase in time. By doing this, it puts more money in the pool to be used by those who have to provide coverage to families.
Loon Lake School District	Administrative Cost Reduction	We do not have administrative expenses
Loon Lake School District	Cost Savings	We offer health care to all employees regardless of FTE
Loon Lake School District	Customer Service	We work closely with Premera to offer the best service to our employees
Loon Lake School District	Part-Time Employee Coverage Protection	We offer health care to all employees regardless of FTE
Loon Lake School District	Premium Differential Reduction	We have a plan that the premium out of pocket increases each year for the employee only and decreases each year for the family
Lopez School District	Administrative Cost Reduction	WEA Select Medical Plans through Premera: (A) Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops s they can incorporate them in their own business--including the State of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years.

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District	Category	Efforts and Achievements
Lopez School District	**Cost Savings**	WEA Select Medical Plans through Premera: (A) Provider contracting--Premera has the highest number of providers "in network" in the state (98% of all claims paid are "in-network"); (B) The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.); (C) Blue Card--(Premera's national "Blue" network) has negotiated discounts that are at the highest level wtihin the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area; (D) Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs; (E) Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs; ((F) Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient; (G) Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs; (H) Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs; (I) Programs that monitor controlled medication substances to provide protection for enrollees; and (J) An open drug formulary that provides choice for enrollees and their physicians while being prodent and ensuring the drugs are cost and care-effective.
Lopez School District	**Customer Service**	WEA Select Medical Plans through Premera: (A) Provide a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits; (B) Do independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction; (C) "Ulyssess Learning"--leading to first call resolution and a higher level of satisfaction from enrollees; (D) Premera's "Lean" workshops include Customer Service, Claims and Billing processes--which we continue to rocus on improving the enrollee experience; (E) The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as diret support to their enrollees; (F) Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions; (G) Dedicated staff in Customer Service and in Sales who work to addres escalated or complex issues with the enrollees/designatd representatives and/or their provider. Input from the enrollee can often help in making adjustments or benefit chagnes to the Plans.
Lopez School District	**Part-Time Employee Coverage**	WEA Select Medical Plan through Premera: (A) Have praovided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing toward the cost of the medical plan.

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District	Category	Efforts and Achievements
Lopez School District	Protection Premium Differential Reduction	WEA Select medical Plans through Premera: (A) Gave lower increases to dependents than to employee only tiers for the past three years; (B) Added lower cost options, such as the EasyChoice plans that have lower premiums and many first dollar benefits and also added the HDHP.
Lyle School District	Administrative Cost Reduction	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative costs. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
Lyle School District	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
Lyle School District	Customer Service	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92$ of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools
Lyle School District	Part-Time Employee Coverage	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Lyle School District	Protection Premium Differential Reduction	We have advised our certificated union representatives of ESSB 5940 requirements and they have not responded to our request for further discussions. We have completed a Memorandum of Understanding with our classified union representatives to make a good f
Lynden School District	Administrative Cost Reduction	1. By working with our employee beneftis consultant, we've negotiated with both fully-insured and self-insured plans to reduce admin expenses when possible. 2. Worked with our employee benefits consultant to evaluate alternative carries for all benefit plans that could result in either lower admin expenses or simply reduce total premiums.
Lynden School District	Cost Savings	We have implemented the following steps: 1. Consumer Driven HDHD with an optional HSA offered as of 10/01/2011. 2. Established an HSA employer contribution of $125 per month per employee in some groups, resulting in an increase to

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District	Category	Efforts and Achievements
		polling dollars. 3. Use of purchasing consortium / Interlocal for lower costs. 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Lynden School District	**Customer Service**	We have worked to provide improved customer services by 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact info. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from bargaining groups.
Lynden School District	**Part-Time Employee Coverage Protection**	1. We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Lynden School District	**Premium Differential Reduction**	We have done the following: 1. Implemented minimum premium contribution for most employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Established HSA employer contribution of $125 per employee per month for some groups, resulting in increase to pooling dollars. 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Mabton School District	**Administrative Cost Reduction**	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Mabton School District	**Cost Savings**	Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims pair are “in-network”). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

District	Category	Efforts and Achievements
		Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to provide protection for enrollees. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Mabton School District	**Customer Service**	Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Mabton School District	**Part-Time Employee Coverage Protection**	Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.

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District	Category	Efforts and Achievements
Mabton School District	**Premium Differential Reduction**	Gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Mansfield School District	**Administrative Cost Reduction**	Cost is minimal, district size is very small
Mansfield School District	**Cost Savings**	n/a
Mansfield School District	**Customer Service**	PEBB offers disease management, wellness programs, health assessments, etc.
Mansfield School District	**Part-Time Employee Coverage Protection**	District policy is that all half-time employees are eligible for insurance
Mansfield School District	**Premium Differential Reduction**	Restructuring the pooling of state dollars for application to full family coverage employees first, to achieve the 3:1 ratio if possible
Manson School District	**Administrative Cost Reduction**	N/A
Manson School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

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District	Category	Efforts and Achievements
		admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Manson School District	**Customer Service**	Insurance committee met and voted to stay with Premera Blue Cross after viewing other plan costs
Manson School District	**Part-Time Employee Coverage Protection**	Part time employees are offered the same plans ans full time employees WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Manson School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Mary M Knight School District	**Administrative Cost Reduction**	None
Mary M Knight School District	**Cost Savings**	None
Mary M Knight School District	**Customer Service**	Aon Hewitt
Mary M Knight School District	**Part-Time Employee Coverage Protection**	None
Mary M Knight School District	**Premium Differential Reduction**	None
Mary Walker	**Administrative**	Premera implements "Lean" thinking and elimating waste while improving quality

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School District	**Cost Reduction**	
Mary Walker School District	**Cost Savings**	Premera has the highest number of providers "in network"
Mary Walker School District	**Customer Service**	provides a website with access to information about the employee's benefits, plus contact information
Mary Walker School District	**Part-Time Employee Coverage Protection**	PT employees working 20 or more hours per week are eligible for benefits
Mary Walker School District	**Premium Differential Reduction**	provided lower increases to dependents than to employee only tiers
Marysville School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Marysville School District	**Cost Savings**	WEA Select Medical Plans through Premera: Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims pair are “in-network”). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.). BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific

District	Category	Efforts and Achievements
		healthcare needs. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to provide protection for enrollees. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Marysville School District	**Customer Service**	WEA Select Medical Plans through Premera: Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Marysville School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Marysville School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: Gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
McCleary School District	**Administrative Cost Reduction**	Employees had to make changed during open enrollment on their own
McCleary School District	**Cost Savings**	N/A
McCleary School District	**Customer Service**	We encouraged all employees to set up employee self service accounts and explained the benefits
McCleary	**Part-Time**	Part time employees are offered the option to obtain healthcare

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School District	Employee Coverage Protection	
McCleary School District	Premium Differential Reduction	Premera determines our rates
Mead School District	Administrative Cost Reduction	With the additional requirements from the new health laws (both state and federal) as well as additional work necessary to manage the WEA/AON healthcare online product, there have been no opportunities to make efforts or progress in reducing administrative expenses at the district level. In actuality, the administrative work has increased dramatically over the past two years. At the insurer level - WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Mead School District	Cost Savings	Expanded carriers in order to offer another set of lower cost plan options to employees. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. C. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. D. Programs that monitor controlled medication substances to provide protection for enrollees. E. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Mead School District	Customer Service	Expanded carriers offerred.
Mead School District	Part-Time Employee Coverage Protection	Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Mead School District	Premium Differential Reduction	Instituted a minimum cost for employee only plans, reallocated pooling dollars to reduce full family coverage, offered lower cost plans.
Medical Lake School District	Administrative Cost Reduction	Not Entered

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District	Category	Efforts and Achievements
Medical Lake School District	**Cost Savings**	Not Entered
Medical Lake School District	**Customer Service**	Not Entered
Medical Lake School District	**Part-Time Employee Coverage Protection**	Not Entered
Medical Lake School District	**Premium Differential Reduction**	Not Entered
Mercer Island School District	**Administrative Cost Reduction**	The District currently has no administrative expenses so no progress is required. B. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Mercer Island School District	**Cost Savings**	See response on affordability. Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the member's needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient.

District	Category	Efforts and Achievements
		g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Mercer Island School District	**Customer Service**	The district has implemented a web interface for employees to sign up for medical plans. We hold an annual benefits fair. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. WEA Select Plans –The dedicated Premera sales team provides year round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. WEA Select Plans semi annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Mercer Island School District	**Part-Time Employee Coverage Protection**	All employees who work over a .500 FTE are offered by medical insurance plans. WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select Plans have added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Mercer Island School District	**Premium Differential Reduction**	The District has fully implemented all non-union employees groups and all collective bargaining agreements will be fully implemented at the time of their next opening. WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years. WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Meridian School	**Administrative**	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce

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District	**Cost Reduction**	administrative expenses wherever possible. We also worked with our consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Meridian School District	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health savings account offered as of 10/01/2012 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars 3. Use of purchasing consortium/ Interlocal to purchase some benefits at a lower cost across several districts 4. Worked with employee benefits consultant to evaluate alterantive carriers for all benefit plans that could reduce premiums.
Meridian School District	**Customer Service**	We provide comprehensive employee benefits handbook that encompasses all benefit summaries, rates and vendor contact information. We host an employee benefits fair to help them learn the most efficient way to access their benefits. We ensure that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.
Meridian School District	**Part-Time Employee Coverage Protection**	I run a report each month to see if potential employees who are close in hours are eligible and if they are I notify them to come in to discuss their options. We also provided all existing and new employees with requried notifications regarding availablitly of health coverage through Washington Health Plan Finder as of January 1, 2014.
Meridian School District	**Premium Differential Reduction**	We have implemented minimum premium contribution for all employees, effectiviely increasing the emplyee only cost and reducing the cost for covering dependents. Encouraged employees who have coverage to waive off of the district offered plan, resulting in an increase to pooling dollars to help employees who need it. Started an HSA employer contribution of $125 per employee per month which has increased pooling as well. We also worked with our benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars to help employees cover their dependents.
Methow Valley School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking, BludeCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area and the WEA plan's auto adjudication rates remain some of the highest within Premera, which reduces the the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services
Methow Valley School District	**Cost Savings**	Premera has the following included in all the WEA medical programs: Provider contracting, BlueCard which has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area, evidence-based medical initiatives that allow Premera to provide efficient and cost effective care, provider advisory groups for medical and pharmacy tha continually monitor Premera's policies and procedures, member 360 dashboard that uses more than claims to identify enrollees with specific healthcare needs, plans that include copayments for ER service, programs that monitor controlled medication substances to provide portection for enrollees and an ope drug formulary to provides choice for enrollees and their physicians while being prudent and reassuring the drugs are cost and care-effective

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District	Category	Efforts and Achievements
Methow Valley School District	**Customer Service**	Premera provides a website with access to information about the employee benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket cots, does independent surveys to measure member saatisfaction and then puts a focus on making changes to improve satisfaction, L"Ulyssess Learning" - leading to first call resolution and a higher level of satisfaction from enrollees, Premera's "lean" workshops include Customer Servie, Claims and Billing processes - which we continue to focus on improving the enrollee experience, the dedicated Premera Sales team provides year-round servicing ans is available to work directly with enrollees or family members who may need additional assistance with their plans, se,o-annual newsletters to enrollees to educate them on their palns and provide access to information to help support decision making and healthier lifestyle decisions and dedicated staff in Customer Service and in Sales who work to address excalated or complex issues with the enrollees/designated representative and/or their provider
Methow Valley School District	**Part-Time Employee Coverage Protection**	Premera has provided access to coverage for part-time employees working 17.5 hours a week for over 30 years, individual districts can choose to allow participation for employees with even fewer hours worked providing the the employer is contributing towards the cost of the medical plan, premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan and added lower cost options such as the EasyChoice plans that have lower premiums and many first dollar benefits and also added the HDHP
Methow Valley School District	**Premium Differential Reduction**	WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past three years, added lower cost options such as the EasyChoice plan that have lower premiums and many first dollar benefitsa and the HDHP plan
Mill A School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
Mill A School District	**Cost Savings**	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
Mill A School District	**Customer Service**	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for

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District	Category	Efforts and Achievements
		outside of standard business hours which includes a variety of self service options and tools.
Mill A School District	**Part-Time Employee Coverage Protection**	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees
Mill A School District	**Premium Differential Reduction**	We are scheduling meetings with BCI Group, our benefits consultant, and our union representatives to discuss ESSB 5940 provisions and compliance.
Monroe School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Monroe School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

District	Category	Efforts and Achievements
		admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Monroe School District	**Customer Service**	District: Benefits fairs, online access to forms and information, informative benefit guide and focus on staff education. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Monroe School District	**Part-Time Employee Coverage Protection**	District: Working to define minimum hour eligibility, allowing for a qualifying event so the employee can select a cheaper plan, if necessary. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.

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Monroe School District	**Premium Differential Reduction**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Montesano School District	**Administrative Cost Reduction**	provide a website with access to information about the employee's benefits which includes a cost estimator which helps determine which providers require less out of pocket costs. The website provides educational information about wellness programs and their plan benefits
Montesano School District	**Cost Savings**	Offer plans that include copayments for emergency room service (waived if admitted), copyaments for inpatient hospital admissions, and higher copyaments for brand, non-preferred and specialty drugs
Montesano School District	**Customer Service**	provide a website with access to information about the employee's benefits which includes a cost estimator which helps determine which providers require less out of pocket costs. The website provides educational information about wellness programs and the
Montesano School District	**Part-Time Employee Coverage Protection**	Added lower cost options, such as the easychoice plan, that have lower premiums and amny first dollar benefits and also added HDHP
Montesano School District	**Premium Differential Reduction**	Added lower cost options, such as easychoice plan that have lower premiums and many first dollar benefits and also added HDHP
Morton School District	**Administrative Cost Reduction**	N/A
Morton School District	**Cost Savings**	N/A
Morton School District	**Customer Service**	N/A
Morton School District	**Part-Time Employee Coverage Protection**	N/A
Morton School District	**Premium Differential**	N/A

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District	Category	Efforts and Achievements
	Reduction	
Moses Lake School District	Administrative Cost Reduction	We are working with our insurance consltant to help find ways to reduce administrative costs.
		Efforts are underway to improve Premera's administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. Premear is continuing to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance their abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways.
Moses Lake School District	Cost Savings	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer online tools that allow employees to determine the best medical plan to fit their needs prior to enrollment to help ensure that employees are making the most cost effective decision to meet their needs. We have teams of experts at Premera that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We utilize Premera to promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. Premera also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Moses Lake School District	Customer Service	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We provide a benefits summaries of each of the plans avilable to them. Our benefits fair provides employees with an opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness topics.
Moses Lake School District	Part-Time Employee Coverage Protection	We continue to provide coverage to part time employees, with eligibility requirements of ._ FTE for Certificated, Admin, or Non-represented employees, and 20 hours per week for classified staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
Moses Lake School District	Premium Differential Reduction	See above under Affordability. Carriers are working to shift costs from families to employee only enrollees as well.
Mossyrock School District	Administrative Cost Reduction	We do not have any administrative costs.
Mossyrock School District	Cost Savings	WEA Select Medical plans have experienced lower than market trend associated rate increases over the last 10 years.

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Mossyrock School District	**Customer Service**	Premera initiated a new online benefit service where employees are responsible for all changes, etc. to their coverage. The website puts all the information they need right at their fingertips.
Mossyrock School District	**Part-Time Employee Coverage Protection**	All our part-time employees have access to coverage and always will.
Mossyrock School District	**Premium Differential Reduction**	Rates included an adjustment to the employee only and dependent tiers to ensure districts continue to make progress towards the 3:1 ratio required by ESSB 5940.
Mount Adams School District	**Administrative Cost Reduction**	A. No Administrative costs B. Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the member's needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. At Group Health efforts are underway to improve our administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. We will continue to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new

District	Category	Efforts and Achievements
		capabilities and infrastructures that advance our abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. At Group Health, we have been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service and care.
Mount Adams School District	**Cost Savings**	A. Incurred pooling dollars by classified unit. B. Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence?based medical initiatives that allow Premera to provide efficient and cost?effective care as well as identifying appropriate alternative care based on the member's needs. e. Real?time access to consumer decision?support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care?efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost?effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. We also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Mount Adams School District	**Customer Service**	A-Health benefit administration is provided by health care providers. B. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The

District	Category	Efforts and Achievements
		website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans –The dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Mount Adams School District	**Part-Time Employee Coverage Protection**	A. All employees who are at risk of losing coverage are counseled concerning their options and the consequenses of losing coverage. B. WEA Select Plans ? when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Mount Adams School District	**Premium Differential Reduction**	A. Discussions with bargaining units to provide increase cost to singles for the purpose of increasing pooling to decrease family coverage costs. B. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. C. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. D. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Mount Baker School District	**Administrative Cost Reduction**	District manages plans along with TPG and administrative costs at this time appear reasonable for services received by TPG and for the plans offered
Mount Baker	**Cost Savings**	District is working with TPA (TPG) to ensure compliance with ACA & State insurance allotment & allocation

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School District		
Mount Baker School District	**Customer Service**	District is and has worked heavily with TPG to ensure employees are provided detailed information on coverages available, cost, and options (e.g. - American Fidelity) for care services medical (and otherwise).
Mount Baker School District	**Part-Time Employee Coverage Protection**	The District has actively maintained a low threshhold for coverage eligibility (e.g. - 10 hrs/week provides eligibility)
Mount Baker School District	**Premium Differential Reduction**	The District has worked with its TPA (TPG) to negotiate with medical providers for reasonable premiums at all levels.
Mount Pleasant School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Mount Pleasant School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make

District	Category	Efforts and Achievements
		changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Mount Pleasant School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Mount Pleasant School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.

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District	Category	Efforts and Achievements
Mount Pleasant School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Mount Vernon School District	**Administrative Cost Reduction**	District: Unfortunately as WEA has reduced their staff we had to spend more time with assisting employees through this transition and unexpected errors."District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Mount Vernon School District	**Cost Savings**	District-Creating a consortium to help reduce costs with bulk rates."District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs.

District	Category	Efforts and Achievements
		H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective."
Mount Vernon School District	**Customer Service**	Meeting with Broker about joinging a consortium with other districts."District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Mount Vernon School District	**Part-Time Employee Coverage Protection**	District: Our process will not change, part-time employees will have access to health care just as our full time employees. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also

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		added the HDHP Plan.
Mount Vernon School District	**Premium Differential Reduction**	District:Creating a consortium to help reduce costs with bulk rates. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Mukilteo School District	**Administrative Cost Reduction**	Due to the increased reporting and compliance requirements of the ACA and HSb5940, costs have not been decreased.
Mukilteo School District	**Cost Savings**	District health insurance costs increased from 12% to 19% , depending on the plan. We expect further increases as more requirements of the ACA (PCORI, Reinsurance fees) phase in
Mukilteo School District	**Customer Service**	Information forums, more detailed written information on factors to consider when selecting a plan
Mukilteo School District	**Part-Time Employee Coverage Protection**	Less expensive options including high deductible plans offered.
Mukilteo School District	**Premium Differential Reduction**	Negotiating minimum premium contribution from all employees that will be added to the pool to help reduce out-of-pocket forthose with family coverage
Naches Valley School District	**Administrative Cost Reduction**	Efforts are underway to improve our administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. We will continue to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance our abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. At Group Health, we have been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service and care.
Naches Valley School District	**Cost Savings**	We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. We also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Naches Valley School District	**Customer Service**	A. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out?of?pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.

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District	Category	Efforts and Achievements
		B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans –The dedicated Premera sales team provides year?round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans ? semi?annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Naches Valley School District	**Part-Time Employee Coverage Protection**	A. WEA Select Plans ? when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Naches Valley School District	**Premium Differential Reduction**	A. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans ? added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Napavine School District	**Administrative Cost Reduction**	Reducing administrative costs has not been an option for NSD, because we are a small district and, as a result of Premera's implementation of 'Lean' administration, this burden was passed along to individual districts.
Napavine School District	**Cost Savings**	NSD contributes $25 through pooling to employees to help with medical insurance costs. WEA and Group Health both offer discounted rates because of volume.
Napavine School District	**Customer Service**	NSD holds a benefit fair annually. Web page links for easy access to information needed to research for medical decisions, linking directly to insurance carrier information.
Napavine School District	**Part-Time Employee**	NSD offers WEA Select Plans with lower cost options/Easy choice options and a QHDP.

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District	Category	Efforts and Achievements
Napavine School District	Coverage Protection Premium Differential Reduction	NSD contributes $25 to employees in the pooling process to help with medical insurance costs. In our efforts to move towards the 3:1 target ratio, NSD will begin the minimum premium charge for each employee included in the pooling arrangement who elects medical benefit coverage with the 2013-14 school year, when negotiations reopen.
Naselle-Grays River Valley School District	Administrative Cost Reduction	Working with unions to access alternative health plans
Naselle-Grays River Valley School District	Cost Savings	Teachers Union pursuing state insurance plan
Naselle-Grays River Valley School District	Customer Service	Doing cost analiysis on various health plans
Naselle-Grays River Valley School District	Part-Time Employee Coverage Protection	Part-time employees are offered coverage
Naselle-Grays River Valley School District	Premium Differential Reduction	Pursuing less expensive plans
Nespelem School District	Administrative Cost Reduction	Premera has been a leader in implementing "Lean" thinking, BludeCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area and the WEA plan's auto adjudication rates remain some of the highest within Premera, which reduces the the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services
Nespelem School District	Cost Savings	Premera has the following included in all the WEA medical programs: Provider contracting, BlueCard which has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area, evidence-based medical initiatives that allow Premera to provide efficient and cost effective care, provider advisory groups for medical and pharmacy tha continually monitor Premera's policies and procedures, member 360 dashboard that uses more than claims to identify enrollees with specific healthcare needs, plans that include copayments for ER service, programs that monitor controlled medication substances to provide portection for enrollees and an ope drug formulary to provides choice for enrollees and their physicians while being prudent and reassuring the drugs are cost and care-effective

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District	Category	Efforts and Achievements
Nespelem School District	**Customer Service**	Premera provides a website with access to information about the employee benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket cots, does independent surveys to measure member saatisfaction and then puts a focus on making changes to improve satisfaction, L"Ulyssess Learning" - leading to first call resolution and a higher level of satisfaction from enrollees, Premera's "lean" workshops include Customer Servie, Claims and Billing processes - which we continue to focus on improving the enrollee experience, the dedicated Premera Sales team provides year-round servicing ans is available to work directly with enrollees or family members who may need additional assistance with their plans, se,o-annual newsletters to enrollees to educate them on their palns and provide access to information to help support decision making and healthier lifestyle decisions and dedicated staff in Customer Service and in Sales who work to address excalated or complex issues with the enrollees/designated representative and/or their provider
Nespelem School District	**Part-Time Employee Coverage Protection**	Premera has provided access to coverage for part-time employees working 17.5 hours a week for over 30 years, individual districts can choose to allow participation for employees with even fewer hours worked providing the the employer is contributing towards the cost of the medical plan, premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan and added lower cost options such as the EasyChoice plans that have lower premiums and many first dollar benefits and also added the HDHP
Nespelem School District	**Premium Differential Reduction**	WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past three years, added lower cost options such as the EasyChoice plan that have lower premiums and many first dollar benefitsa and the HDHP plan
Newport School District	**Administrative Cost Reduction**	District has opted to have a 3rd Party Administrator for COBRA
Newport School District	**Cost Savings**	District offers multiple plans to our employees
Newport School District	**Customer Service**	Payroll Office attends regular trainings and we offer a benefit fair annually to enable our employees to become more knowledgeable in offered benefits. The District also holds an annual dinner for eligible retirees to meet with our insurance broker, VEBA representative and retirement representative. The District has an ongoing insurance committee with all bargaining groups represented.
Newport School District	**Part-Time Employee Coverage Protection**	District annually surveys medical opportunities with many vendors to give our employees the best choices possible.
Newport School District	**Premium Differential Reduction**	District offers multiple plans to our employees which gives lower increases to dependents than to employee only tiers.
Nine Mile Falls	**Administrative**	We have saved administrative costs by self insuring our dental and vision insurance plans. By doing this we have full control

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District	Category	Efforts and Achievements
School District	Cost Reduction	of the administrative costs.
Nine Mile Falls School District	Cost Savings	We bid our insurance plans and our insurance committee which is comprised of certificated and classifed staff make all of the decisions which best suite our employees.
Nine Mile Falls School District	Customer Service	We have an insurance broker that advocates of behalf of each individual employee. We is willing to work with the insurance companies and employees to resolve any coverage issues.
Nine Mile Falls School District	Part-Time Employee Coverage Protection	All employees who work 20 hours per week and have enough state allocation to cover their mandatory benefits are eligible for medical coverage. Almost all classified employees who select insurance have their premiums paid in full by the pooling.
Nine Mile Falls School District	Premium Differential Reduction	We offer composite rates for all of our certificated,non-represented and administrative staff. The rates are the same for individual coverage as the coverage for families.
Nooksack Valley School District	Administrative Cost Reduction	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and selfinsured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district. with a summary of administrative costs so it is not possible to have an impact on those plans.
Nooksack Valley School District	Cost Savings	we have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/1/2012 2. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. (If Applicable) 3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Nooksack Valley School District	Customer Service	we have worked to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Nooksack Valley School District	Part-Time Employee Coverage Protection	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014
Nooksack Valley School District	Premium Differential	we have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering 2. Encouraged employees that do not need health plan coverage to

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District	Category	Efforts and Achievements
	Reduction	waive off of the district offered plan,dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, 3. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. (If Applicable) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.could reduce premiums, which would increase pooling dollars available to those covering dependents.
North Beach School District	Administrative Cost Reduction	All administrative employees that were covered 100% now must pay a percentage to cover their cost.
North Beach School District	Cost Savings	All employees are required to pay a percentage of their chosen plan.
North Beach School District	Customer Service	We continue to work with our provider to keep employees informed of changes.
North Beach School District	Part-Time Employee Coverage Protection	We have not adjusted hours so all part time employees can keep their coverage.
North Beach School District	Premium Differential Reduction	Pooling provides some relief to our employees that need the extra dollars to cover family members.
North Franklin School District	Administrative Cost Reduction	Premera Blue Cross, our main carrier went to an online enrollment system to save time and money. However, the District did not choose to join into their system and has remained an "Independent District" instituting our own online system using WESPAC. This gives the District control of the data that is generated and the right to educate our own employees regarding benefits. It also provides us the opportunity to change carriers easily if that should be the case.
North Franklin School District	Cost Savings	Through the benefit committee and in union negotations, the District continued to educate staff on ESSB 5940 to prepare them for upcoming changes and allow the District to move forward in collaboration with our union groups.
North Franklin School District	Customer Service	The District takes great stride to be sure that all employees are educated and have health care coverage they need. Much time is spent individually to help them choose according to their need. Again, it is about educating to allow for educated decisions by the employees themselves.
North Franklin School District	Part-Time Employee Coverage Protection	In moving forward with the 3:1 ratio and minimizing plans the District makes health care more affordable for part time staff.
North Franklin	Premium	In the 2012-2013 school year NFSD classified union moved towards meeting the 3:1 ratio by voting in a .5% mandatory

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District	Category	Efforts and Achievements
School District	**Differential Reduction**	deduction. The certified union chose to do nothing at that time. Beginning with the 2013-2014 school year both union groups have instituted a 5% mandatory minimum deduction to all staff with medical coverage. This did result in increased pooling dollars for all, but does not bring us to the ratio yet. The District also highly promotes the HDHP offered by our carrier which is a very affordable plan compared to others. Our goal for 2013-2014 was to educate folks regarding this plan and how it works, allowing them to keep their money rather than spending it on high premiums. We had great success enrolling new folks onto the HDHP in 2013 open enrollment. Almost all those enrolled are also fully funding an HSA. The District continues to move forward in meeting the 3:1 ratio at this time by looking forward to 2014-2015 and the amount needed as a mandatory deduction and looking at which plans will be offered. Most likely the District will move forward getting rid of the cadillac plans as in Plan 2 and Plan 5 offered by Premera. We are also in the process of receiving proposals from other carriers.
North Kitsap School District	**Administrative Cost Reduction**	NKSD purchases medical plans through the WEA benefits program. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans. In order to reduce ongoing administra
North Kitsap School District	**Cost Savings**	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. NKS
North Kitsap School District	**Customer Service**	NKSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains
North Kitsap School District	**Part-Time Employee Coverage Protection**	Part-time employees' access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance i
North Kitsap School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and al
North Mason School District	**Administrative Cost Reduction**	By eliminating Premera Blue Cross in 2013, we received a discount in the premiums offered through KPS and GHC. GHC pays broker commission on a PEMP basis rather than a percentage of overall premium. This will reduce costs overtime as medical inflation continues.
North Mason	**Cost Savings**	By eliminating Premera Blue Cross in 2013, we received a discount in the premiums offered through KPS and GHC

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District	Category	Efforts and Achievements
School District		
North Mason School District	**Customer Service**	By moving away from the Premera plans, we eliminated some of the frustration from employees that came with the online enrollment system. By working with two carriers instead of three we have a more streamlined administration process.
North Mason School District	**Part-Time Employee Coverage Protection**	All employees working more than 15hrs/week currently have access to all plans
North Mason School District	**Premium Differential Reduction**	By eliminating Premera Blue Cross in 2013, we received a discount in the premiums offered through KPS and GHC
North River School District	**Administrative Cost Reduction**	(A) Provider contracting Premera has the highest number of providers in nretwork in the state (98% + of all claims pair in network).
North River School District	**Cost Savings**	(B) Gave lower increases to dependents than to employee only tiers for the past three years.
North River School District	**Customer Service**	(B) The volume of inrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premeras Exchange, individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Weyerhaeuser, Alaska Air Group, etc.)
North River School District	**Part-Time Employee Coverage Protection**	(D) Evidence-based medical initiatives that allow Premera to provide and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.
North River School District	**Premium Differential Reduction**	© Bluecard-Premera's national Blue network) has negoiated discounts that are at the highest level within the stateand provcides significant savings to Premera enrollees who reside outside the Premera service area.
North Thurston Public Schools	**Administrative Cost Reduction**	The District utilizes Propel Insurance Brokerage services to leverage both health care value and reduce administrative costs which are less than the overhead necessary to manage these programs within the district.
North Thurston Public Schools	**Cost Savings**	The District has made progress by aggressively negotiating lower premiums on their Group Health and KPS medical plans, and by offering Qualified High Deductible plan with Health Savings Account.
North Thurston Public Schools	**Customer Service**	We have available the Benefits website which contains information on all the District's benefit plans and is widely accessed by both employee and family members. The website provides a cost estimator (which helps them determine cost), educational information, wellness programs and benefit plan summaries.
North Thurston Public Schools	**Part-Time Employee**	The District maintains an eligibility threshold of 20 hours/week (minimum) which exceeds the new federal standard for access to health care.

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District	Category	Efforts and Achievements
North Thurston Public Schools	Coverage Protection Premium Differential Reduction	The District and Propel will continue to review various plans and proposals to make progress toward a 3:1 premium ratio for employees.
Northport School District	Administrative Cost Reduction	We have had meetings displaying spreadsheets to inform the employee's of the costs.
Northport School District	Cost Savings	The District Administrators & teachers switched to PEBB starting in November 2014.
Northport School District	Customer Service	Premiums changes have increased. Most people have had to drop down a plan. We are working towards the 3 to 1 ratio to help with family coverage.
Northport School District	Part-Time Employee Coverage Protection	N/A
Northport School District	Premium Differential Reduction	We offer lower cost High Deductible Plan & our teachers & administration switched to PEBB in Nov 2014.
Northshore School District	Administrative Cost Reduction	As part of our annual review process, our broker benchmarks and negotiates plan cost to ensure maximum value. For the 2013-2014 plan year, administrative costs were reduced by 9.2%. In 2013, we researched and hired new brokerage company using a competitive award process. We interviewed seven qualified firms to make the award. The successful broker provides increased services at a lower overall cost than the one we were previously using.
Northshore School District	Cost Savings	Thirty minutes of the monthly benefits committee meeting is devoted to education. The topics are designed to educate members on available tools, resources and market innovation that promote greater transparency, improve the customer experience and deliver optimal outcomes. The district's self-insured plan has embarked on data analytics to better understand the healthcare spend and to make informed decisions.
Northshore School District	Customer Service	Added a new service for employees to call for assistance with coverage questions and claim resolution.
Northshore School District	Part-Time Employee Coverage Protection	No change. Dictated by Collective Bargaining Agreement
Northshore	Premium	Increased the cost for individual subscribers , increased pooling which reduced family share

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District	Category	Efforts and Achievements
School District	Differential Reduction	
Oak Harbor School District	Administrative Cost Reduction	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative espenses wherever possible. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduces total premiums.
Oak Harbor School District	Cost Savings	We have implemented the following steps: Consumer Driven High Eeductible Health Plan with an optional Health Savings Account offered as of 10/1/12; worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Oak Harbor School District	Customer Service	We have worked to provide improved customer service by: providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information; hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits; ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service ans support for all members; having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Oak Harbor School District	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. Provided all existing and new employees with required notifications regarding availablity of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Oak Harbor School District	Premium Differential Reduction	We have done the following: implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars; worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Oakesdale School District	Administrative Cost Reduction	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve t
Oakesdale School District	Cost Savings	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are
Oakesdale School District	Customer Service	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee’s benefits which includes a cost estimator which helps the
Oakesdale School District	Part-Time Employee Coverage	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts

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District	Category	Efforts and Achievements
	Protection	
Oakesdale School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such
Oakville School District	**Administrative Cost Reduction**	N/A
Oakville School District	**Cost Savings**	Offer QHDHP
Oakville School District	**Customer Service**	Online information available
Oakville School District	**Part-Time Employee Coverage**	Offer benefits to all employees
	Protection	
Oakville School District	**Premium Differential Reduction**	N/A
Ocean Beach School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Ocean Beach School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to

District	Category	Efforts and Achievements
		Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Ocean Beach School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.

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District	Category	Efforts and Achievements
Ocean Beach School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Ocean Beach School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Ocosta School District	**Administrative Cost Reduction**	Using seven WEA Aon Plans with different rates and options.
Ocosta School District	**Cost Savings**	Using seven WEA Aon Plans with different rates and options.
Ocosta School District	**Customer Service**	We provide insurance plan information through printed material, one on one services, employee orientation, electronic services and benefit fairs.
Ocosta School District	**Part-Time Employee Coverage Protection**	Using seven WEA Aon Plans with different rates and options. Insuracne is offered to all employees
Ocosta School District	**Premium Differential Reduction**	Using seven WEA Aon Plans with different rates and options.
Odessa School District	**Administrative Cost Reduction**	We don't have any administrative expense.
Odessa School District	**Cost Savings**	We have a broker review various health care plans who then brings a summary of our options to the benefit committee. After the benefit committee reviews the options available, it has been proven that Premera is our best choice. Being a small, rural school, our options for healthcare are limited. We have continued to give our employees the option of choosing from the any one of the WEA sponsored Premera plans, which includes a high deductible plan. The health insurance coverage through the HCA is always an option, but employees have consistently continued to choose Premera. When comparing HCA/PEBB rates for employee only against Premera rates, Premera wins.

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Odessa School District	**Customer Service**	A benefit committee was formed with representatives from both bargaining groups along with administration make up this committee. The broker compares the various plans and gives the benefit committee a summarization of the plans available to us. The bargaining groups are aware that the state health plan is always an option and they choose whether or not to have a representative come and present. A representative from Premera comes to the all-staff meeting at the start of the school year and explains any changes, rates and new options available. That representative makes herself available throughout most of the day to answer individual questions regarding plan selection for individual needs.
Odessa School District	**Part-Time Employee Coverage Protection**	We offer employees that work four hours per day the opportunity to sign up for medical benefits and with the option of the lower cost plans, employees have coverage that is a better fit in their personal budgets. With the district adding additional dollars to the pool, it helps reduce the out-of-pocket cost for part-time employees. Benefit allocations for classified part-time employees are based on 1440 annual hours rather than 2080 hours, which gives the employee a higher FTE for benefits, which equates to more dollars.
Odessa School District	**Premium Differential Reduction**	By offering the lower cost plans along with the higher cost plans, employees with families have the opportunity to still have family coverage, but with less of an out-of-pocket expense. Pooling also gives the emloyees covering families more dollars because employees choosing employee only coverage contribute to the pool, which is then distributed by FTE to those having out-of-pocket expense.
Okanogan School District	**Administrative Cost Reduction**	N/A
Okanogan School District	**Cost Savings**	The district contracts with the PEBB and Premera Programs, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits. Premera does the same for the district.
Okanogan School District	**Customer Service**	The district follows the PEBB/Premera Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the Programs, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in coverage.
Okanogan School District	**Part-Time Employee Coverage Protection**	Emails announcing open enrollment annually.
Okanogan School District	**Premium Differential Reduction**	Plans offered have worked towards more equitable rates.
Olympia School District	**Administrative Cost Reduction**	n/a

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District	Category	Efforts and Achievements
Olympia School District	**Cost Savings**	Plan cost comparisons
Olympia School District	**Customer Service**	benefits fair
Olympia School District	**Part-Time Employee Coverage Protection**	continue to keep fte of PT employees level across the district
Olympia School District	**Premium Differential Reduction**	mandatory out of pockets favor family coverage
Omak School District	**Administrative Cost Reduction**	The district's Human Resource and Payroll department has complied with moving everything from paper processing to electronic in order to cut down on time spent administratively on health care benefits. By moving to everything electronic, the district has saved time on processing billings, enrollment, general questions and day-to-day miscellaneous items directly related to health care which has save money administratively. i can not speak to what Premera has done on their end to reduce costs administratively, however.
Omak School District	**Cost Savings**	Many of the items listed in row 5 also apply here so I will not repeat them but add to it. Our district offers 8 different insurance plans in order to accommodate every employee's financial needs. The district offered special trainings to staff to educate them on the qualified high deductible health plan and our other more affordable plans for coverage. The district benefits committee and our third party company have had numerous discussions and have done their research in order to make sure the district is doing their every effort to bring the best health care to staff affordably in our rural area. The district has also offered special trainings to show staff the healthcare marketplace website and how to use the tools on the website to make sure they are obtaining the most affordable plan that meets their healthcare needs. The district also changed the month in which we pool. It used to be November but it has been changed to September in order to save staff on average $400. The district has participated in several webinars and trainings throughout the year to ensure that we are offering everything we can to our staff and staying in compliance with all of the rules and regulations.
Omak School District	**Customer Service**	Like I mentioned in the above rows, our district's #1 priority this year has been educating and training staff on all aspects of health care reform and knowing the ins and outs of their health benefits. The district has went to online open enrollment with great success which allowed staff the ease of completing the process right from their desk. The district put together a step by step training guide on how to access their benefits and use the tools provided to them on the health benefits website. We sent out not just paper mailings to both their home and to their classrooms but through email and our district website as well. We wanted staff to be able to access their insurance information any way they wanted to. We had a much larger group of staff switch to lower cost plans because they were finally understanding that sometimes you can actually save

District	Category	Efforts and Achievements
		money by going to a lower coverage because of the premium difference alone.
Omak School District	**Part-Time Employee Coverage Protection**	The district has decided to continue offering coverage to staff that work at least 2.5 hours a day. We have also been giving our part time staff extra trainings on the healthcare marketplace and some of the tools they need to compare our coverage to the state's coverage.
Omak School District	**Premium Differential Reduction**	The district has already met this requirement with 4 out of 8 of our plans and we have made sure that staff are educated about the cost savings with these plans.
Onalaska School District	**Administrative Cost Reduction**	We do not pay the insurance company a fee to administer our benefits.
Onalaska School District	**Cost Savings**	Our WEA Premera Blue Cross Plans include lower premium cost options such as the Easy Choice plans (A, B & C) and the Qualified High Deductible Health Plan (QHDHP) which includes a Health Savings Account option.
Onalaska School District	**Customer Service**	We offer an annual benefits fair; a health care benefit specialist is available to educate employees on saving money by choosing the best plan that fits their needs. Also, Aon/Hewitt's on-line Benefits website provides a cost estimator for comparing insurance plans based on an employee's projected health care needs. For employees without computer access, we have computers available to them to utilize to access the on-line Benefits website. Employees may also contact Aon/Hewitt via their telephone customer service hotline.
Onalaska School District	**Part-Time Employee Coverage Protection**	All part time employees working 20 or more hours per week are eligible for benefits and allotted a pro-rata share of the insurance benefit allocation from the state. They are also eligible to participate in insurance pooling as defined by the individual bargaining unit. WEA Premera Blue Cross plans include lower cost options; Easy Choice plans (A, B & C) and a Qualified High Deductible Health Plan (QHDHP) with a Health Savings Account option.
Onalaska School District	**Premium Differential Reduction**	We have bargained with our union groups and now have a minimum percentage, out-of-pocket, medical premium contribution required of all employees who choose medical coverage, effective 11/1/2013. The minimum medical premium paid by the employee is added to the insurance pool for their respective union group and distributed to its members, which benefits employees who choose other than the Employee only tier of coverage.
Onion Creek School District	**Administrative Cost Reduction**	The district has cut from a part time administrator to one day a week administrator. However, this model is not sufficient.
Onion Creek School District	**Cost Savings**	The district contracts with the PEBB program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design, Purchasing coverage for medical tools and procedures that are evidence based, Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Onion Creek School District	**Customer Service**	The district follows the PEBB ProgramÆs guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employeeÆs

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District	Category	Efforts and Achievements
		dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Onion Creek School District	**Part-Time Employee Coverage Protection**	The district has been paying for all eligible employees. The employee only pays for the employee contribution and any amount above the state reimbursement rate.
Onion Creek School District	**Premium Differential Reduction**	The district pays a composite rate for all eligible employees.
Orcas Island School District	**Administrative Cost Reduction**	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, there are some carriers such as Premera Blue Cross that do not provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.
Orcas Island School District	**Cost Savings**	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account. 2. Use of purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Orcas Island School District	**Customer Service**	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting our employee benefits consultant onsite during open enrollment allowing all employees to learn the most efficient way to access and manage their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.
Orcas Island School District	**Part-Time Employee Coverage Protection**	We have continued to work with all purchsing/bargaining groups to determine the appropriate eligibility requirement to meet their specific group's benefits needs. We have provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014.
Orcas Island School District	**Premium Differential Reduction**	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employye only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered olan, resulting in an increase to pooling dollars. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars avaialable to those covering dependents.
Orchard Prairie School District	**Administrative Cost Reduction**	PEBB HCA Provides this
Orchard Prairie	**Cost Savings**	PEBB HCA Provides this

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District	Category	Efforts and Achievements
School District		
Orchard Prairie School District	**Customer Service**	PEBB HCA Provides this
Orchard Prairie School District	**Part-Time Employee Coverage Protection**	PEBB HCA Provides this
Orchard Prairie School District	**Premium Differential Reduction**	PEBB HCA Provides this
Orient School District	**Administrative Cost Reduction**	PEBB HCA Provides this
Orient School District	**Cost Savings**	PEBB HCA Provides this
Orient School District	**Customer Service**	PEBB HCA Provides this
Orient School District	**Part-Time Employee Coverage Protection**	PEBB HCA Provides this
Orient School District	**Premium Differential Reduction**	PEBB HCA Provides this
Orondo School District	**Administrative Cost Reduction**	NORMAL HR SUPPORT ON-LINE SERVICES PROVIDED BY PREMERA HAVE ASSISTED IN REDUCING SOME NOTIFICATION AND ENROLLMENT LOAD. This should improve as staff get use to the new process.
Orondo School District	**Cost Savings**	BETTER WELLNESS COMMUNICATION TO STAFF RE: PREMERA WELLNESS COACHES
Orondo School District	**Customer Service**	PREMERA COMMUNICATION HAS INCREASED AND 24/7 ACCESS TO ACCOUNT AND PLAN INFORMATION VIA THE ONLINE PORTAL
Orondo School District	**Part-Time Employee Coverage Protection**	OFFER PLANS LIKE THE HDHP THAT OFFER A LOWER PER MONTH COST

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District	Category	Efforts and Achievements
Orondo School District	Premium Differential Reduction	PROGRESSION OF PREMIUM COST MOVING TOWARD REDUCING THE DIFFERENCE IN PREMIUM BETWEEN INDIVIDUAL COVERAGE AND FAMILY COVERAGE
Oroville School District	Administrative Cost Reduction	we don't charge admin expenses
Oroville School District	Cost Savings	working with the union and WEA Premera
Oroville School District	Customer Service	working with the union and WEA Premera
Oroville School District	Part-Time Employee Coverage Protection	working with the union and WEA Premera
Oroville School District	Premium Differential Reduction	working with the union and WEA Premera
Orting School District	Administrative Cost Reduction	I believe that PEBB plans reduce our administrative work, which in turn reduces our cost for time spent on balancing and monthly administration of employee health care. WEA has increased the administrative work, which takes much more time to balance and administer (our classified staff).
Orting School District	Cost Savings	Implementing the new high deductible plans, along with increased enrollment in PEBB has made progress on health care cost savings for our employees.
Orting School District	Customer Service	All employees who have elected PEBB has seen improved service and information regarding health benefits.
Orting School District	Part-Time Employee Coverage Protection	When moving to PEBB, all employees with a .5 FTE or more were offered benefits. Classified have access to benefits at 15 hrs/week or more.
Orting School District	Premium Differential Reduction	Moving to PEBB plans is effectively reducing the differential between EE and ESC.
Othello School District	Administrative Cost Reduction	Review of internal processes to determine areas that can be improved upon for greater efficiency
Othello School	Cost Savings	Communication with employees regarding Premera Health educational resources on the Premera webpage; Provide a

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District		monthly health news letter every employee receives the newsletter with their paystub newsletter provides health, nutrition and fitness tips
Othello School District	**Customer Service**	OSD conducts an annual employee benefits fair, providing opportunity for employees to meet and talk with benefit providers; Opportunity to review current health care coverage to determine if that is the best fit for self and/or family
Othello School District	**Part-Time Employee Coverage Protection**	OSD communicates access to coverage through new employee orientation, as well as the annual employee benefits fair and open enrollment
Othello School District	**Premium Differential Reduction**	OSD is working towards determination and emplementation of minimum premium charge for each employee participant in pooling;
Palisades School District	**Administrative Cost Reduction**	as required
Palisades School District	**Cost Savings**	as required
Palisades School District	**Customer Service**	we provide full coverage for all employees
Palisades School District	**Part-Time Employee Coverage Protection**	we provide full coverage for all employees
Palisades School District	**Premium Differential Reduction**	we provide full coverage for all employees
Palouse School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the

District	Category	Efforts and Achievements
		need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Palouse School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Palouse School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim

District	Category	Efforts and Achievements
		issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Palouse School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Palouse School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Pasco School District	**Administrative Cost Reduction**	Although it is difficult to quantify direct administrative costs, the District is actively involved with its health care providers and broker to reduce administrative costs in both our fully insured and self-insured plans.
Pasco School District	**Cost Savings**	District began Wellness Program. High deductible and low cost plans are available.
Pasco School District	**Customer Service**	Expanded Benefits Information Night, expanded Employee Online giving all employees electronic access to basic provider information, reduced size of orientation sessions for new employees.
Pasco School District	**Part-Time Employee Coverage Protection**	Coverage at differentiated cost level provided to all employee groups, benefits are negotiated with access in mind, sustained effort in communication of available benefits.
Pasco School District	**Premium Differential Reduction**	WEA plans passed on lower increases to dependents than to employee only tiers. Lower cost plans are available. Minimum premium is charged to all employees allowing pooling dollars to be spread further, which generally benefits employees covering dependents.
Pateros School District	**Administrative Cost Reduction**	PREMERA HAS BEEN A LEADER IN IMPLEMENTING "LEAN" THINKING SINCE 2005. THE GOAL IS TO BE AABLE TO IMPROVE QUALITY, IMPROVE THE ENROLLEE EXPERIENCE, AND IMPROVE EFFICIENCY WHITLE ELIMINATING WASTED TIME AND WORK

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District	Category	Efforts and Achievements
		EFFORT LOWERING EXPENSES. PREMERA USES THIS METHOD TO CONTINUE TO EVALUATE AND IMPROVE INTERNAL/EXTERNAL PROCESSES. OTHER ORGANIZATIONS PARTICIPATE IN PREMERA'S "LEAN" WORKSHOPS SO THEY CAN INCORPORATE THEM IN THEIR OWN BUSINESS INCLUDING THE STATE OF WASHINGTON, VARIOUS PROVIDE GROUPS, ETC. THROUGH LEAN PREMERA HAS REDUCED OVERALL ADMINISTRATIVE COSTS FROM 8.8% IN 2005 TO 6.3% IN 2013. WEA'S ADMINISTRATIVE COSTS HAVE BEEN UNDER 6% FOR OVER 11 YEARS.
Pateros School District	**Cost Savings**	PREMERA HAS THE HIGHEST NUMBER OF PROVIDERS "IN NETWORK" IN THE STATE 98% + OF ALL CLAIMS PAIR ARE "IN NETWORK"
Pateros School District	**Customer Service**	PROVIDES A WEBSITE WITH ACCESS TO INFORMATION ABOUT THE EMPLOYEE'S BENEFITS WHICH INCLUDES A COST ESTIMATOR WHICH HELPS THEM DETERMINE WHICH PROVIDERS REQUIRE LESS OUT-OF-POCKET COSTS. THE WEBSITE PROVIDES EDUCATIONAL INFORMATION ABOUT WELLNESS PROGRAMS AND THEIR PLAN BENEFITS.
Pateros School District	**Part-Time Employee Coverage Protection**	ADDED LOWER COST OPTIONS, SUCH AS THE EASYCHOICE PLAN THAT HAVE LOWER PREMIUMS AND MANY FIRST DOLLAR BENEFITS AND ALSO ADDED THE HDHP.
Pateros School District	**Premium Differential Reduction**	ADDED LOWER COST OPTIONS, SUCH AS THE EASYCHOICE PLAN THAT HAVE LOWER PREMIUMS AND MANY FIRST DOLLAR BENEFITS AND ALSO ADDED THE HDHP.
Paterson School District	**Administrative Cost Reduction**	The District does not calculate any indirect charges for administering the benefits. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in “Lean” workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA’s administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Paterson School District	**Cost Savings**	Premera has the following included in all the WEA medical programs: * Provider contracting – has the highest number of providers “in network” in the state (98%+ of all claims are paid “in network”) -- * The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. -- * BlueCard – Premera’s national “Blue”network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. -- * Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member’s needs. -

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District	Category	Efforts and Achievements
		- * Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. -- * Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. -- * Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. -- * Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. -- * Programs that monitor controlled medical substances to provide protection for members. -- * An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Paterson School District	**Customer Service**	Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. ** Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. ** Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. ** Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. ** WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. ** WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. ** WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans. **
Paterson School District	**Part-Time Employee Coverage Protection**	WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. ** WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Paterson School District	**Premium Differential Reduction**	WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. ** WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. ** WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Pe Ell School	**Administrative**	N/A

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District	Category	Efforts and Achievements
District	Cost Reduction	
Pe Ell School District	Cost Savings	N/A
Pe Ell School District	Customer Service	N/A
Pe Ell School District	Part-Time Employee Coverage Protection	N/A
Pe Ell School District	Premium Differential Reduction	N/A
Peninsula School District	Administrative Cost Reduction	Premera implemented "Lean" thinking to improve quality, while Regence has institued a physical medicine pre-authorization program to ensure treatment prescribed is necessary.
Peninsula School District	Cost Savings	Providers maintain robust in-network cotracts giving users optimal cost savings.
Peninsula School District	Customer Service	Dedicated Customer Service Staff who work to address escalated or complex issues.
Peninsula School District	Part-Time Employee Coverage Protection	To protect part time employee access to health insurance coverage, the district did not limit their access to group plans.
Peninsula School District	Premium Differential Reduction	At carrier level renewal rates were weighted heavier for employee coverage, then employe + dependent.
Pioneer School District	Administrative Cost Reduction	Premera practices "Lean" methods and efficiencies, resulting in less wasted time and work effort, thereby lowering expenses.
Pioneer School District	Cost Savings	The district's WEA Premera plans have the highest number of "in network" providers in the state. They also have provider advisory groups that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient.
Pioneer School District	Customer Service	The district provides a benefits area on its website to assist employees with coverage explanations and links to helpful resources.
Pioneer School	Part-Time	All employees have access to health insurance coverage.

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District	Category	Efforts and Achievements
District	**Employee Coverage Protection**	
Pioneer School District	**Premium Differential Reduction**	The district has implemented mandatory out-of-pocket for all employees. This money goes back into the pooling to help people with higher medical premiums.
Pomeroy School District	**Administrative Cost Reduction**	We don't have much administrative expense.
Pomeroy School District	**Cost Savings**	None, the AFA makes our costs go up faster than if I weren't in place.
Pomeroy School District	**Customer Service**	I have been trying to work with different insurance brokers to get a bigger variety of plans, put it is extremely difficult in our small county.
Pomeroy School District	**Part-Time Employee Coverage Protection**	With the AFA and 5940 this is basically impossible.
Pomeroy School District	**Premium Differential Reduction**	We have been charging more for employee only plans. It doesn't make sense why we would do that just to be "fair" to people with full family plans, they are covering more people, so they should have to pay more.
Port Angeles School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Port Angeles School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”).

District	Category	Efforts and Achievements
		B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective."
Port Angeles School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or

District	Category	Efforts and Achievements
		benefit changes to the Plans.
Port Angeles School District	**Part-Time Employee Coverage Protection**	A. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. B. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Port Angeles School District	**Premium Differential Reduction**	Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the QHDHP Plan.
Port Townsend School District	**Administrative Cost Reduction**	The District engaged the services of a consultant to assist in evaluating our coverage options
Port Townsend School District	**Cost Savings**	The District engaged the services of a consultant to assist in evaluating our coverage options
Port Townsend School District	**Customer Service**	The District engaged the services of a consultant to assist in evaluating our coverage options
Port Townsend School District	**Part-Time Employee Coverage Protection**	All employees working more than 20 hrs/week currently have access to all plans
Port Townsend School District	**Premium Differential Reduction**	Rates increased by a greater margin for employee only (16.9%) coverage than for family coverage (16.5%)
Prescott School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Prescott School	**Cost Savings**	WEA Select Medical Plans through Premera:

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District	Category	Efforts and Achievements
District		A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Prescott School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.

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District	Category	Efforts and Achievements
		G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Prescott School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Prescott School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Prosser School District	**Administrative Cost Reduction**	WEA Specific Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Prosser School District	**Cost Savings**	Premera has the highest number of providers "in Network" in the state
Prosser School District	**Customer Service**	Semi-annual newsletters to enrollees to eductae them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.
Prosser School District	**Part-Time Employee Coverage Protection**	Added lower cost options, such as the Easy Choice plan that have lower premiums and many first dollar benefits and also added the HDHP
Prosser School District	**Premium Differential Reduction**	Added lower cost options, such as the Easy Choice plan that have lower premiums and many first dollar benefits and also added the HDHP
Pullman School District	**Administrative Cost Reduction**	We reduced admin costs by up to 10-15% by moving to self-insured plans
Pullman School District	**Cost Savings**	Implemented self-insured dental and vision program to help offset future premiums or increase benefits

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District	Category	Efforts and Achievements
Pullman School District	**Customer Service**	All SOB's posted online and researching the market
Pullman School District	**Part-Time Employee Coverage Protection**	All employees over 17.5 hours have the option of medical coverage
Pullman School District	**Premium Differential Reduction**	Gradually implementation of 5940. Would be nice to get direction and guidelines from legilature.
Puyallup School District	**Administrative Cost Reduction**	We are exploring options and efficiencies for reducing the costs associated with administering our benefit options for employees. However, this remains problematic with added data collection requirements and increased time necessary to fully implement ESSB 5940. Newly added implementation and reporting requirements for the ACA has currently increased the work load on the district's staff. We are making progress towards automating much of the information requested. As a result, we expect the time spent on full implementation of ACA will be lessened in the future.
Puyallup School District	**Cost Savings**	Our school district continues to offer a low cost medical plan option that passes the Minimum Value and Affordable test as required by ESSB 5940. Our Benefits Committee is currently exploring and reviewing various lower cost alternatives to potentially replace some of the high cost plans currently offerred.
Puyallup School District	**Customer Service**	We are moving more fully to electronic media by continually revising and updating the delivery of information available to employees through our district website. As a district practice, we are driving employees to more fully use the district's electronic resources. Additionally, we've added weekly meetings to review benefits options with new hires or newly eligible employees. During open enrollment, we hold numerous benefit depots allowing employees the opportunity to meet one on one with representatives from the benefits office and insurance brokers for the sole purpose of counseling employees about their benefit options and costs. Further, through a benefits fair format during open enrollment, vendor representatives will provide formal presentations to every interested employee regarding their plan options. Wellness newsletters, broker information, and other general information regarding benefit options are routinely and regularly uploaded to our district website.
Puyallup School District	**Part-Time Employee Coverage Protection**	It has been our district's policy to provide medical benefit eligibility for anyone who works 20+ hours/week for many years. This is more proactive towards availability for part time employees than the state's requirement.
Puyallup School District	**Premium Differential Reduction**	Our district continues to make progress toward full implementation of ESSB 5940. Various bargaining groups have negotiated specific ratio's that fall outside of this target. However, discussions continue with representatives from each bargaining unit around the expectation of full implementation of the targeted 3:1 ratio within the timeline specified in ESSB 5940.

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Queets-Clearwater School District	**Administrative Cost Reduction**	Online enrollment reduces staff hours for data entry and therefore provides a cost savings
Queets-Clearwater School District	**Cost Savings**	Provide Premera only plans to receive 10% premium discount.
Queets-Clearwater School District	**Customer Service**	Provide on-line access to healthcare information including service providers
Queets-Clearwater School District	**Part-Time Employee Coverage Protection**	All employess are offered access to health insurance.
Queets-Clearwater School District	**Premium Differential Reduction**	Implemented a minimum deduction for all employees
Quilcene School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: a. Premera has been a leader in implementing lean thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. b. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. c. The WEA plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payment for services.
Quilcene School District	**Cost Savings**	WEA Select Medical Plans through Premera: a. Provider contracting-Premera has the highest number of providers in network in the state b. The volume of enrollment in Premera assists in negotiating higher discounts. C. Premera's national Blue network has negotiated discounts that are

District	Category	Efforts and Achievements
		at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and makes changes to formularies to ensure they are appropriate, and cost and care-efficient. g. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. h. Plans that include copayments for emergency room service, copayments for in-patient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. i. Programs that monitor controlled medication substances to provide protection for enrollees. j. An open drug formulary that provides choice for enrollees and their psysicians while being prudent and ensuring the drugs are cost and care-effective.
Quilcene School District	**Customer Service**	WEA Select Medical Plans through Premera: a. Provides a website with access to information about the employee's benefits which includes a cost estimater which helps them determine which providers require less out of pocket costs. The website provides educational information about wellness programs and their plan benefits. b. Conducts independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. c. Ulyssess Learning - leading to first call resolution and a higher level of satisfaction from enrollees. d. Premera's Lean workshops include customer service, claims and

District	Category	Efforts and Achievements
		billing processes, which Premera continues to focus on to improve the enrollee experience. e. The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides education about the benefits and plan choices, and works to resolve claim issues for enrollees. f. Semi-annual newsletters sent to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. g. Premera's staff in customer service and sales work to address escalated or complex issues with the enrollees/designated representative and/or their provider.
Quilcene School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: a. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. The Quilcene School provides part-time employees working 15 hours a week coverage, with the employee contributing towards the cost. b. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. c. Premera added lower cost options: Easy Choice and HDHP.
Quilcene School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: a. Gave lower increases to dependents than to employee only tiers for the past 3 years. B. Added lower cost options included EasyChoice and HDHP.
Quillayute Valley School District	**Administrative Cost Reduction**	We currently offer Premera Blue Cross that do not provide the district with a summary of administrative cost; looked into the PEBB plan to see if offering another plan would help with cost
Quillayute Valley School District	**Cost Savings**	We have implemented a Consumer Driven High Deductible Health Plan with an optional Health Savings Account;Use of a purchasing consortium to lower cost
Quillayute Valley School	**Customer Service**	Hosting an employee benefit fair for all employees allowing them to learn the most efficient way to access their benefits; making sure our plan allows a comprenesive nurse line to support staff

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District		
Quillayute Valley School District	**Part-Time Employee Coverage Protection**	Employees who work 4 hours or more a day have access to our plan; provided all existing and new employees with the required notification regrading availability of health care coverage through the Washington Health Plan Finder as of January 1, 2014
Quillayute Valley School District	**Premium Differential Reduction**	Implemented a minimum cost per employee; Established an Health Savings Plan that works with our High Deductible Plan
Quincy School District	**Administrative Cost Reduction**	We participate in a Health Plan Coalition.
Quincy School District	**Cost Savings**	The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.)
Quincy School District	**Customer Service**	Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.
Quincy School District	**Part-Time Employee Coverage Protection**	We allow employees working at least 17.5 hours per week to enroll in all health benefits at a prorated amount.
Quincy School District	**Premium Differential Reduction**	Started a Employee only Mandatory Deduction to reduce the difference between full family coverage and employee only coverage.
Rainier School District	**Administrative Cost Reduction**	n/a
Rainier School District	**Cost Savings**	Competitive Bidding
Rainier School District	**Customer Service**	Benefits Fair
Rainier School District	**Part-Time Employee Coverage Protection**	Per Union agreement

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Rainier School District	Premium Differential Reduction	Per Union agreement
Raymond School District	Administrative Cost Reduction	N/A
Raymond School District	Cost Savings	Minimum Deduction
Raymond School District	Customer Service	N/A
Raymond School District	Part-Time Employee Coverage Protection	N/A
Raymond School District	Premium Differential Reduction	Minimum Deduction
Reardan-Edwall School District	Administrative Cost Reduction	DISTRICT DOES NOT IMPOSE ANY ADMINISTRATIVE COSTS IN OFFERING MEDICAL, DENTAL, OR VISION COVERAGE TO ITS EMPLOYEES.
Reardan-Edwall School District	Cost Savings	INSURANCE CARRIER PROVIDES WELLNESS INCENTIVES, HEALTH NEWSLETTER, AND A ROBUTS WEBSITE FOR PARTICIPANTS IN THEIR PLANS.
Reardan-Edwall School District	Customer Service	DISTRCIT IN THE LAST THREE MONTHS INITIATIATED A CONTRACT WITH GALLAGHER SERVICES TO PROVIDE GUIDANCE ON STATE AND FEDERAL HEALTH MANDATES. FOR PURPOSES OF THIS REPORT THEIR SERVICES WERE NOT A PART OF THE TIMEFRAME ON WHICH THIS REPORT COVERS.
Reardan-Edwall School District	Part-Time Employee Coverage Protection	PART-TIME REGULAR EMPLOYEES ARE OFFERED COVERAGE WITH NO RESTRICTIONS ON MINIMUM FULL-TIME EQUIVALENT TO BE ELIGIBLE FOR COVERAGE.
Reardan-Edwall School District	Premium Differential Reduction	AS CITED IN THE CELL REGARDING AFFORDABILITY, BOTH EMPLOYEE BARGAINING GROUPS HAVE AGREED TO A 3% OF PREMIUM AS A MINIMUM MEDICAL DEDUCTION. THE DISTRICT IS ALSO RESEARCHING SELF-FUNDED OPTIONS FOR MEDICAL COVERAGE AS WELL AS DENTAL AND VISION.
Renton School District	Administrative Cost Reduction	Need to fill.
Renton School	Cost Savings	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly

District	Category	Efforts and Achievements
District		chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. RSD has made progress by aggressively negotiating lower premiums on their Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. 1. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Group Health is consistently recongnized for its ability to provide care very low medical trend inflation. 2. Evidence-based medical initiatives allow Premera and Group Health to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. 3. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. 4. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. 5. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. 6. Programs that monitor controlled medical substances to provide protection for members.
Renton School District	**Customer Service**	1. District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high. Call volume to the Benefits Helpline increased by 42% in 2013. 2. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. 3. Group Health has an award-winning website that allows employees to order prescriptons online, email their doctors, access test results, and see their medical records. 4. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. 5. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with

District	Category	Efforts and Achievements
		enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. 6. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.
Renton School District	**Part-Time Employee Coverage Protection**	RSD has not changed part-time employees' access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted from their paycheck. RSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.
Renton School District	**Premium Differential Reduction**	In 2013 the WEA continued to re-tier premiums for the Premera plans offered by RSD to reduce the differential between the employee-only and full family coverage. RSD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through the IAC meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully, and have put Memorandums of Understanding into place with each of our bargaining groups in order to make any changes to current funding easier to implement.
Republic School District	**Administrative Cost Reduction**	Premera continues with their "Lean" thinking in finding ways to eliminate wasted time and improve efficiency.
Republic School District	**Cost Savings**	Premera continues with all their health care cost savings as last year. PEBB continues to promote generic drug use through a lower-cost benefit design, purchasing coverage for medical tools and procedures that are evidence based and dependent verification eligiblity processes to ensure only eligilbe family member receive benefits.
Republic School District	**Customer Service**	Premera and PEBB both have websites with access to information about the employee benefits. Premera has a cost-estimator on their website which helps the employee deteremine what provider may require less out of pocket cots for the enrollee or their family. The webiste also provides educationla information about wellness programs and their plan benefits.
Republic School District	**Part-Time Employee Coverage Protection**	WEA Select Plans continues to offer lower cost options and Premera works with enrollees to review other plan options that allow the individual to remain covered on a medical program.
Republic School District	**Premium Differential**	The district has formed a committee to explore ways to re-configure their insurance pool to reduce the differential between employee-only and full family coverage. Premera continues to pass on lower increases to families than to employee only

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	Reduction	tiers.
Richland School District	Administrative Cost Reduction	trying to do as much online as possible to eliminate paper.
Richland School District	Cost Savings	insurance packages have incentives for preventative care.
Richland School District	Customer Service	All insurance information is available online to all employees in addition to benefits specialist
Richland School District	Part-Time Employee Coverage Protection	All employees are eligible if working a .5 FTE and substitutes are monitored to see If they are meeting the 30 hour per week requirement.
Richland School District	Premium Differential Reduction	Mandatory out of pocket for employee only coverage. Premiums for employee only increasing more than full family.
Ridgefield School District	Administrative Cost Reduction	District provides multiple plans.
Ridgefield School District	Cost Savings	Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
Ridgefield School District	Customer Service	District provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.
Ridgefield School District	Part-Time Employee Coverage Protection	Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Ridgefield School District	Premium Differential Reduction	Added lower cost options.
Ritzville School District	Administrative Cost Reduction	No response
Ritzville School District	Cost Savings	No response
Ritzville School	Customer	No response

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District	**Service**	
Ritzville School District	**Part-Time Employee Coverage Protection**	No response
Ritzville School District	**Premium Differential Reduction**	No response
Riverside School District	**Administrative Cost Reduction**	Our district has an interlocal agreement with a neighboring school district in which we share a Human Resource Director. We continued with a reduced schedule for our payroll staff from five (5) days a week to three (3).
Riverside School District	**Cost Savings**	Our District requested and was provided with additional low premium health plans, as well as our current Health Saving Account plan from our current insurance carriers.
Riverside School District	**Customer Service**	We hired a new benefits broker firm who offered one-on-one counseling to our employees in choose an insurance plan best suited for their needs. They also introduced new insurance options & scheduled multiple seminars to explain the new plans.
Riverside School District	**Part-Time Employee Coverage Protection**	We provided our staff with 2 low premium health plans and a Health Savings Account plan.
Riverside School District	**Premium Differential Reduction**	Our employee groups agree to a mandatory 2% out-of-pocket insurance premium deduction to increase the amount in the pooling for those covering their families. Our District requested and was provided with additional low premium health plans, as well as our current Health Saving Account plan from our current insurance carriers.
Riverview School District	**Administrative Cost Reduction**	By working with our benefits consultant, the district has negotiated with both fully insured and self insured plans to reduce administrative expenses wherever possible. The district (in conjunction with our benefits consultant) has worked to evaluate alternative carriers for all benefit plans that could eresult in either lower administrative expenses or simply to reduce total premiums. The WEA Premera plans' auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides enrollees with quick turnaround on paymetns ofr services.
Riverview School District	**Cost Savings**	The district has implemented the following: addition of QHDHP with optional Health Savings Account, worked with benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, Premera plans providereal tiem access to consumer decision support resources to assist enrollees understand and direct their health care needs, co-payments for emerency room service waived for Premera plan enrollees if admitted, Premera plans provide an open drug

District	Category	Efforts and Achievements
		formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care effective.
Riverview School District	**Customer Service**	The district (in conjunction with our benefits consultant) provides a comprehensive employee benefits handbook that encompasses all benefit summaries, rates and contact information. This handbook is available to employees in paper format and electronically. The district hosts an annual benefits fair for employees, with representatives from most, if not all, benefit plans in attendance to provice information on benefits. The district ensures that all health plans offered provide comprehensive nurse lines and telephonic customer service and support for members. The district has implemented a Benefits Advisory Committee with representation from all bargaining groups that is activated on an as needed basis. Premera does independent surveys to measure enrollee satisfaction and puts a focus on making changes to improve satisfaction. Premera also provides a dedicated sales team that provides year round service to the district. Premera provides semi-annual newsletters to subscribers to educate them on their plans and provide access to information to help support decision making and healthier life style decisions.
Riverview School District	**Part-Time Employee Coverage Protection**	The district has worked with bargaining groups to determine the apprpriate eligibility requiremetn to meet their specific group's benefits needs. The district has provided all curernt and new employees with required notifications regarding availablity of health coverage through Washington Health Plan Finder.
Riverview School District	**Premium Differential Reduction**	The district has implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for dependent coverage and worked with our benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, ehich would increase pooling dollars available to those covering dependents. Premera plans have provided lower increases to dependent tiers of coverage than to subscriber only tiers and has also added lower cost options such as the Easy Choice plans and QHDHP.
Rochester School District	**Administrative Cost Reduction**	Due to the fact that we are not a large district, our administrative costs are minimal. We have one employee who works in this area; however, if he were not working in this area he would still have a full time job so no costs savings would be realized.
Rochester School District	**Cost Savings**	All insurance plans are bargained through local bargaining agreements
Rochester School District	**Customer Service**	At the start of each school year, a benefits fair is held in which insurance providors are present and all employees have the ability to ask specific questions. In addition, we work with Propel Insurance to provide a benefits website that summarizes all our benefit information as well as provides newsletters and other health information. Since we are a smaller size district, we have one person managing benefits. He is in constant contact with providers to stay up-to-date with any changes and quickly communicates updates to employees through email or newsletters.
Rochester School District	**Part-Time Employee**	Most of our employees are part time. Our only requirement is that a person work a minimum of 20 hours per week. In addition, this is something that is bargained through local groups so unions and the district have to be in agreement for any

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District	Category	Efforts and Achievements
	Coverage Protection	changes or reductions.
Rochester School District	Premium Differential Reduction	We use a pooling method when determining out-of-pocket costs for employees. We have established a minimum premium about for all employees - even if there are enough funds in the pool to fully cover a plan. The minimum premium dollars go back into the pool to be allocated out to those employees with more expensive plans which are generally the full family plans. The minimum premium amount increased for all bargaining units since last year. For our certificated group, those electing employee only coverage do not have access to the pool allowing more money to be allocated to those covering family.
Roosevelt School District	Administrative Cost Reduction	Large purchasing pools and favorable funding result in very low plan administrative expenses- less than 5% of premium for the medical plan.
Roosevelt School District	Cost Savings	Plan choices including High Deductible Health Plan (HDHP) offered to all employee groups.
Roosevelt School District	Customer Service	Online services/coaching/incentives are available to all employees.
Roosevelt School District	Part-Time Employee Coverage Protection	Part time access to health insurance coverage has not changed.
Roosevelt School District	Premium Differential Reduction	Premiums had a higher rate increase for employees covering themselves and a lower rate increase for employees covering dependents.
Rosalia School District	Administrative Cost Reduction	Blue Card savings
Rosalia School District	Cost Savings	provider network within the State and Blue card for out-of-state claims
Rosalia School District	Customer Service	website access for employees about their benefits and healthy program options
Rosalia School District	Part-Time Employee Coverage Protection	provide medical options to all regular employees based on hrs worked- no minimum
Rosalia School District	Premium Differential	gave lower increases to dependents than to emp only tiers, Easy Choice and most recently HDHP

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District	Category	Efforts and Achievements
Royal School District	Reduction Administrative Cost Reduction	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluation and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business - including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Royal School District	Cost Savings	Premera has the following included in all of the WEA medical programs. A) Provider contracting - has the highest number of providers "in network" in the state (98%+ of all claims are pain "in network"). B) The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. C) BlueCard - Premera's national "Blue" network - has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D) Evidence-based medical iniatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on member's needs. E) Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F) Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. G) Member 360 dashboard - proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. H) Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. I) Programs that monitor controlled medical substances to provide protection for members. J) An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Royal School District	Customer Service	Our district has distributed surveys to get feedback and input from our employees and has provided Q&A sessions with employees. Premera provides a website with access to information about the employee benefits - this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides education information about wellness programs and their plan benefits. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overal satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which they continue to focus on in order to improve the member experience. The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of

District	Category	Efforts and Achievements
		services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. Semi-annual newsletters are sent to enrollees to education them on their plans and access to information to help support decision making and healthier lifestyle decisions. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Royal School District	**Part-Time Employee Coverage Protection**	When a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. WEA Select plans have lower cost options, such as the Easy Choice plans that have lower premiums and many first dollar benefits and the HDHP Plan.
Royal School District	**Premium Differential Reduction**	Our district has provided our employees with a minimum 1% out of pocket for pooling. WEA Select Plans have passed on lower increases to dependents than to employee only tiers for the past two years, and have added lower cost options, such as the Easy Choice plans that have lower premiums and many first dollar benefits and the HDHP Plan. WEA Select Plans used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
San Juan Island School District	**Administrative Cost Reduction**	1)By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2) Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
San Juan Island School District	**Cost Savings**	We have implemented the following steps: 1) Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2) Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. 3) Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4) Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
San Juan Island School District	**Customer Service**	We have worked to provide improved customer services by: 1) Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2) Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3)Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4)Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
San Juan Island School District	**Part-Time Employee Coverage Protection**	1)We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2)Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
San Juan Island	**Premium**	We have done the following: 1) Implemented minimum premium contribution for all employees, effectively increasing the

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School District	**Differential Reduction**	employee only cost and reducing the cost for covering dependents. 2)Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3) Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. 4) Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Satsop School District	**Administrative Cost Reduction**	THIS REPORT HAS ADDED THE COST OF AT LEAST 8 HOURS TO ADMINISTRATIVE PAY
Satsop School District	**Cost Savings**	NO PROGRESS
Satsop School District	**Customer Service**	ONE ON ONE ASSISTANCE TO EMPLOYEES IN EXPLORING HEALTH PLANS
Satsop School District	**Part-Time Employee Coverage Protection**	ALL EMPLOYEES WHO WORK HALF TIME OR MORE HAVE INSURANCE OPTIONS
Satsop School District	**Premium Differential Reduction**	THE MINIMUM PAYMENT THAT ALL COVERED EMPLOYEES PAY HELPS DEFER THE COST OF THE MOST EXPENSIVE FAMILY PLANS
Seattle Public Schools	**Administrative Cost Reduction**	SPS pays less than $0.60 per employee per month for full benefits administration of the District's medical, dental, vision, life, voluntary life, long term disability, voluntary short term disability, and flexible spending plans. Though benefits administration activity increased significantly, administration fees did not increase. Within the last four years, SPS has consolidated health plans from 5 different insurers to three, in order to provide better service to SPS employees and reduce administrative costs within the health plan delivery systems. SPS has worked with Delta Dental of Washington to perform electronic eligibiilty reporting. This automated process is expected to reduce administrative expenses in 2014. Discussions with other carriers regarding electronic data transmission are underway. In addition, SPS is considering ways to save the administrative expenses associated with the annual Open Enrollment mailing.
Seattle Public Schools	**Cost Savings**	SPS has made progress by aggressively negotiating lower premiums, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. Once again this year, the Joint Insurance Committee met with a Group Health Medical Director and the Senior Wellness

District	Category	Efforts and Achievements
		Consultant to review claims experience and utilization for the medical plans offered to SPS employees. Having access to experience and utilization for nearly all of its employees has enabled SPS to make decisions regarding changes to copays, coinsurance, and other plan cost-sharing in order to increase the number of employees affiliated with primary care physicians, improve usage of generic drugs for chronic conditions, improve network utilization, and take advantage of the wellness opportunities available to enrollees. In 2013, SPS increased cost sharing for services obtained out-of-network, and changed prescription coverage to encourage proactive treatment of chronic medical conditions with the goal of preventing large claims in the future. In 2013, Group Health Options, Inc., received three-year recognition from the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home program. The NCQA recognized all 25 Group Health Medical Centers clinics for the vital role of their clinicians and clinical practices in delivering high-quality, patient-centered care.
Seattle Public Schools	**Customer Service**	District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. Due to plan changes and careful communication during the Open Enrollment period in 2013, website hits increased by 50% over the same time frame in 2012. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the 2013 Open Enrollment period, call volume to the Benefits Helpline increased by 20%. The Benefits Helpline answers questions on a wide variety of topics, from the HSA-qualified HDHP and medical plan selection and costs, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high. SPS works collaboratively with bargaining groups to support employees with claims and eligibility issues, and this year has expanded opportunities for new employees to learn about their benefits. The frequency of benefits orientation meetings for newly hired and newly eligible employees increased in 2013, with meetings occurring at least once per week. In addition, when questions about benefits arise, SPS works with the benefits administrator to create Benefits Helpline Advisors – one-page, easy-to-read newsletters that are specific to the SPS population's needs and concerns. Group Health, the insurer for the majority of SPS employees is continually working to improve the customer experience. According to the Washington Health Alliance's 2013 Community Checkup Overview of more than 80 medical groups who reported their results, Group Health had the highest ratings in the local market, receiving 17 "above average" rankings out of 21 measures.

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Seattle Public Schools	**Part-Time Employee Coverage Protection**	Part-time employees' access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they work at least 0.50 FTE for their position. At 0.50 FTE, most employees represented by bargaining groups receive a pro-rated district contribution for their benefits based on their FTE. Benefits eligibility is collectively bargained. SPS and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Employer Shared Responsibility Provision of the Affordable Care Act. SPS has also evaluated eligibility rules for substitutes and other variable-hour employees who average 30 hours per week, but who are currently not offered coverage. In order to avoid penalties under the Employer Shared Responsibility Provision of the Affordable Care Act, the District may choose to change eligibility rules to allow coverage to be offered to these employees.
Seattle Public Schools	**Premium Differential Reduction**	Recognizing that premiums for the mandatory benefits (dental, vision, life, LTD) are deducted from the District Contribution before the medical insurance premiums, in 2013 SPS introduced a new lower-cost dental insurance plan. The lower premium of this new plan allows employees with familes the option of having more funds available for medical coverage. SPS continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. The District and bargaining groups have added language to their agreements that acknowledges that benefits are affected by ESSB 5940, and states that they will work together to meet the requirements of the law. SPS and bargaining groups have noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding.
Sedro-Woolley School District	**Administrative Cost Reduction**	N/A
Sedro-Woolley School District	**Cost Savings**	Variety of plans available to employees.
Sedro-Woolley School District	**Customer Service**	Ongoing emails, publications, and training for access to web services.
Sedro-Woolley School District	**Part-Time Employee Coverage Protection**	The bargaining agreements dictate when employees are eligible.
Sedro-Woolley School District	**Premium Differential Reduction**	Bargaining groups dictate which plans are offered to the employees. Some of our groups have searched out Consortiums to seek out lower cost plans instead of typical WA plans.

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Selah School District	**Administrative Cost Reduction**	No changes from calendar 2012
Selah School District	**Cost Savings**	No changes from calendar 2012
Selah School District	**Customer Service**	Customer service took a hit when Premera converted to AONHewitt. However, things are improving steadily and customer service is being returned to the district personnel.
Selah School District	**Part-Time Employee Coverage Protection**	Health insurance eligibility is based on the various Collectively Bargain Agreements. We are however monitoring the monthly work hours of part time people and will put them on medical according to the ACA rules.
Selah School District	**Premium Differential Reduction**	Premera smoothed out the differintial in premiums again in 2013 by increasing the family rates less of a percentage than the increase for the single rates.
Selkirk School District	**Administrative Cost Reduction**	A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA's administrative costs have been under 6% for over 10 years. B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
Selkirk School District	**Cost Savings**	A. Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient.

District	Category	Efforts and Achievements
		g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective. A. Premera has the following included in all the WEA medical programs a. Provider contracting – has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network"). b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc. c. BlueCard – Premera's national "Blue"network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. f. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. i. Programs that monitor controlled medical substances to provide protection for members. j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
Selkirk School District	**Customer Service**	A. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. C. Premera has "Ulyssess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees.

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		D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience. E. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. G. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
Selkirk School District	**Part-Time Employee Coverage Protection**	WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Selkirk School District	**Premium Differential Reduction**	A. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.
Sequim School District	**Administrative Cost Reduction**	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Sequim School District	**Cost Savings**	Implemented Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Sequim School District	**Customer Service**	Improved customer services by providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.

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Sequim School District	**Part-Time Employee Coverage Protection**	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibilty requirements to meet their specific group's benefit needs. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
Sequim School District	**Premium Differential Reduction**	We have implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. Encouraged employees that do not neeed health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. Established HSA employer contribution of $125 per employee per month, resulting in increase to pooling dollars. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars availabe to those covering dependents.
Shaw Island School District	**Administrative Cost Reduction**	Through Lean Premera has reduced administrative costs from 8.8% in 2005 to 6.3% in2013
Shaw Island School District	**Cost Savings**	Open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective
Shaw Island School District	**Customer Service**	Premera: Does independent surveys to measure enrollee satisfaction-puts focus on making changes to improve satisfaction
Shaw Island School District	**Part-Time Employee Coverage Protection**	Have provided access to coverage for part-time employees working 17.5 hours a week
Shaw Island School District	**Premium Differential Reduction**	Gave lower increases to dependents than to employee only tiers for past 3 years
Shelton School District	**Administrative Cost Reduction**	Currently no direct costs are associated to benefit administration with the distict.
Shelton School District	**Cost Savings**	As a result of reviewing the premium costs of the medical plans that have been offered as well as additional medical plans, our classified bargaining groups have opted to reduce the number of medical plans available to their members. This has enabled them to receive a premium discount for the remaining plans.
Shelton School District	**Customer Service**	We are continuing to work on providing employees with insurance information and options on the district web site. Links are provided for our carriers who offer additional resources on their websites.
Shelton School District	**Part-Time Employee Coverage**	Regular employees working at least half time qualify to receive medical insurance benefits. We offer a range of options with lower premium rates so part time employees have an affordable choice.

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Shelton School District	Protection Premium Differential Reduction	By having a minimum payment for individuals, more of the districts insurance dollars have been able to be pooled to help cover the cost of family coverage.
Shoreline School District	Administrative Cost Reduction	Premera has been a leader in implementing 'Lean' thinking since 2005. Through this overall administrative costs have been reduced from 8.8%in 2005 to 6.3.% in 2013.
Shoreline School District	Cost Savings	Our health plan renewals included changes to deductibles and other cost sharing.
Shoreline School District	Customer Service	HR Staffing provides support staff available to provide information and support to staff seeking benefits questions during and after the school work day. The District hosts an annual Benefits Fair to provide information and materials to staff regarding benefits options and choices. Our employees have access to The Benefits Website and The Benefits Helpline. These websites contain information for all the District's benefit plans in one convenient place and is widely accessed by both employees and their families. The helpline is available for employees and their families when they have questions about their available benefits. There is also access to a cost estimator, which helps employees determine which plans require less out-of-pocket costs.
Shoreline School District	Part-Time Employee Coverage	Shoreline School District continues to offer benefit packages to part time employees (Classified staff working as little as 3.5 hrs per day; Certificated staff working a minimum .4 FTE). They include; medical, dental, vision, long term disability, and life insurance.
Shoreline School District	Protection Premium Differential Reduction	See #5
Skamania School District	Administrative Cost Reduction	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
Skamania School District	Cost Savings	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
Skamania	Customer	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated

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District	Category	Efforts and Achievements
School District	**Service**	claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
Skamania School District	**Part-Time Employee Coverage Protection**	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Skamania School District	**Premium Differential Reduction**	We are scheduling meetings with BCI Group, our benefits consultant.
Skykomish School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years.
Skykomish School District	**Cost Savings**	Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network").
Skykomish School District	**Customer Service**	Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.
Skykomish School District	**Part-Time Employee Coverage Protection**	Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Skykomish School District	**Premium Differential Reduction**	Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Snohomish School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses.

District	Category	Efforts and Achievements
		Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Snohomish School District	**Cost Savings**	Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to provide protection for enrollees. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Snohomish School District	**Customer Service**	Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from
Snohomish School District	**Part-Time Employee Coverage**	Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. Premera works with the enrollees to review other plan options that allow the

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District	Category	Efforts and Achievements
	Protection	individual to remain covered on a medical plan. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Snohomish School District	**Premium Differential Reduction**	Gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Snoqualmie Valley School District	**Administrative Cost Reduction**	We worked with our benefit broker to negotiate both fully insured and self insured plans to reduce administrative expenses whenever possible. We also worked with our broker to evaluate carriers for all benefit plans that would result in either lower administrative expenses or simply reduce total premiums.
Snoqualmie Valley School District	**Cost Savings**	We have implemented the following steps: 1.) Offered a HDHP with HSA effective 2010 school year. 2.) Established an HSA employer contribution of $125 per employee per month, resulting in an increase to pooling dollars, when agreed upon by respective Unions. 3.) Worked with employee benefit consultant and benfefit committee to evaluate alternative carriers for all benefit plans to reduce premiums.
Snoqualmie Valley School District	**Customer Service**	We have worked to provide customer service by: 1.) Providing comprehensive employee benefit handbook that encompasses all benefit summaries, rates, and vendor contact information. 2.) Hosting and employee benefits fair with hours that allow all employees time to learn the about thei benefits and how to access them. 3.) Ensuring that all health plans offered provide comprehensive nurse lines, telephonic customer service and support for all members. 4.) Having regular Benefit Advisory Committee meetings with representation from all bargaining groups.
Snoqualmie Valley School District	**Part-Time Employee Coverage Protection**	We have continued to work with all bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. We offer the ability to enroll in the same benefits for all groups, even part time employees. We provide all existing and new employees with required notifications regarding availability of heath coverage through Washington Health Plan Finder as of January 1st, 2014.
Snoqualmie Valley School District	**Premium Differential Reduction**	We have done the following: 1.) Implemented a minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2.) Established a HSA employer contribution of $125 per employee per month, resulting in a increase to pooling dollars, when agreed upon by respective unions. Worked with broker to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Soap Lake School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking, BludeCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area and the WEA plan's auto adjudication rates remain some of the highest within Premera, which reduces the the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services
Soap Lake School District	**Cost Savings**	Premera has the following included in all the WEA medical programs: Provider contracting, BlueCard which has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area, evidence-based medical initiatives that allow Premera to provide efficient and cost

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District	Category	Efforts and Achievements
		effective care, provider advisory groups for medical and pharmacy tha continually monitor Premera's policies and procedures, member 360 dashboard that uses more than claims to identify enrollees with specific healthcare needs, plans that include copayments for ER service, programs that monitor controlled medication substances to provide portection for enrollees and an ope drug formulary to provides choice for enrollees and their physicians while being prudent and reassuring the drugs are cost and care-effective
Soap Lake School District	**Customer Service**	Premera provides a website with access to information about the employee benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket cots, does independent surveys to measure member saatisfaction and then puts a focus on making changes to improve satisfaction, L"Ulyssess Learning" - leading to first call resolution and a higher level of satisfaction from enrollees, Premera's "lean" workshops include Customer Servie, Claims and Billing processes - which we continue to focus on improving the enrollee experience, the dedicated Premera Sales team provides year-round servicing ans is available to work directly with enrollees or family members who may need additional assistance with their plans, se,o-annual newsletters to enrollees to educate them on their palns and provide access to information to help support decision making and healthier lifestyle decisions and dedicated staff in Customer Service and in Sales who work to address excalated or complex issues with the enrollees/designated representative and/or their provider
Soap Lake School District	**Part-Time Employee Coverage Protection**	Premera has provided access to coverage for part-time employees working 17.5 hours a week for over 30 years, individual districts can choose to allow participation for employees with even fewer hours worked providing the the employer is contributing towards the cost of the medical plan, premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan and added lower cost options such as the EasyChoice plans that have lower premiums and many first dollar benefits and also added the HDHP
Soap Lake School District	**Premium Differential Reduction**	WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past three years, added lower cost options such as the EasyChoice plan that have lower premiums and many first dollar benefitsa and the HDHP plan
South Bend School District	**Administrative Cost Reduction**	NA
South Bend School District	**Cost Savings**	NA
South Bend School District	**Customer Service**	NA
South Bend School District	**Part-Time Employee Coverage Protection**	NA
South Bend	**Premium**	NA

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District	Category	Efforts and Achievements
School District	Differential Reduction	
South Kitsap School District	Administrative Cost Reduction	0
South Kitsap School District	Cost Savings	We constantly examine our plans for cost savings to our employees
South Kitsap School District	Customer Service	We plan to better understand the new Federal Plans to help be able to better assist our employees
South Kitsap School District	Part-Time Employee Coverage Protection	We currently allow all regular EE access to medical plans. We will look at our substitute population with the new requirements
South Kitsap School District	Premium Differential Reduction	0
South Whidbey School District	Administrative Cost Reduction	Worked with broker to evaluate alternative carriers for all plans to reduce costs.
South Whidbey School District	Cost Savings	Consumer Driven HDHP with an opt HAS offered as of 10/1/2012 Worked with consultant to evaluate alternative carriers for all benefit plans
South Whidbey School District	Customer Service	Provide comprehensive employee handbook that summariezes all benefits and rates. Hosted employee benet fair for all employees to learn the most efficient way to access benefits. Conducted regular Benefits Committee meetings with representative from all bargaining groups
South Whidbey School District	Part-Time Employee Coverage Protection	Continue to work with all bargaiing groups to determine eligibility requirement to meet needs. Provide all existing and new employees with required notification of WA Health Plan Finder as of Jan 1, 2014
South Whidbey School District	Premium Differential Reduction	We have notified bargaining groups of the requirement for minimum deduction. Exact methods to be determined
Southside School District	Administrative Cost Reduction	NA
Southside School District	Cost Savings	NA

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District	Category	Efforts and Achievements
Southside School District	Customer Service	NA
Southside School District	Part-Time Employee Coverage Protection	Coverage is offered
Southside School District	Premium Differential Reduction	Negotions with Unions
Spokane School District	Administrative Cost Reduction	The District has no direct Admin costs, but has implemented electronic open enrollment for all Medical, Dental and Vision Plans to further streamline operations.
Spokane School District	Cost Savings	We have stopped offering the two medical plans with the highest cost, Premera Plan 10 and WEA Plan 1.
Spokane School District	Customer Service	By streamlining departmental operations with the expanded use of Employee Online, our Benefits staff has more time available for assisting employees
Spokane School District	Part-Time Employee Coverage Protection	Pooling dollars are distributed on a percentage basis with the bulk going to those with the largest out of pocket amounts before pooling (ie part time employees).
Spokane School District	Premium Differential Reduction	Our medical providers have shifted the tiered rates toward helping family coverage and we have bargained a minimum deduction for every employee electing medical coverage. This will bring the range of costs closer together.
Sprague School District	Administrative Cost Reduction	Actually more cost because of time involved to do large surveys
Sprague School District	Cost Savings	Make available multi choice plans
Sprague School District	Customer Service	Inviting representatives for health care into the building.
Sprague School District	Part-Time Employee Coverage Protection	It is in the Bargaining groups contracts to offer acording to their FTE
Sprague School	Premium	Collective bargaining groups working on this

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District	Category	Efforts and Achievements
District	**Differential Reduction**	
St. John School District	**Administrative Cost Reduction**	"We worked with our insurance consultant to switch from a % of premium comission to a flat per member per month fee that will limit future increases in comission costs, and not provide an automatic increase in comission every time the premium increases. Efforts are underway to improve Group Health's administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. Group Health is continuing to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance their abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. Group Health has been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service and care. "
St. John School District	**Cost Savings**	PEBB cost saving measures include: managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits. Premera WEA medical plans include: provider contracting, higher discounts locally and nationally through Premera's national Blue network, evidence-based medical initiative, rea-time access to consumer decision-support resources, co-payments, etc."We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs. We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We utilize Group Health to promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. Group Health also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available."
St. John School District	**Customer Service**	Our district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependent in PEBB coverage. Premera provides a website with access to information about the employee benefits- this includes a cost estimator which helps the determine what provider may require less out-of-pocket costs for the enrollee or the their family. The website provides educational information about wellness programs and their plan benefits. Our benefits committee features representatives from each employee group at

District	Category	Efforts and Achievements
		the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We provide a benefits information with contact information for each service provider, along with summaries of each of the plans avilable to them. We also provide periodic communications on helpful benefit topics, along with wellness topics.
St. John School District	**Part-Time Employee Coverage Protection**	WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits ad the HDHP plan. We continue to provide coverage to part time employees, with eligibility requirements of 30 hours per week. This eligibility requirement is the same as the the federal requirement.
St. John School District	**Premium Differential Reduction**	WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years, added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. See above under Affordability. We removed some of the more expensive plans that had been offered at the district historically for lower cost plans. Carriers are working to shift costs from families to employee only enrollees as well.
Stanwood-Camano School District	**Administrative Cost Reduction**	1)By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible 2)Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or reduce total premiums *Note: Some carriers, such as Premera Blue Cross don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.
Stanwood-Camano School District	**Cost Savings**	We have taken the following steps: 1)Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/1/2012 2)Use of purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts 3)Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Stanwood-Camano School District	**Customer Service**	We have worked to provide improved customer services by: 1)Providing comprehensive employee benefits handbook that includes all benefit summaries, rates, and vendor contact information 2)Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits 3)Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service ans support for all members 4)Having regular Benefits Advisory Committee meetings with representation from all bargaining groups
Stanwood-Camano School District	**Part-Time Employee Coverage Protection**	1)We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs 2)Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014
Stanwood-Camano School District	**Premium Differential Reduction**	We have done the following: 1)Implemented minimum premium contribution for all employees, effectively increasing the employee-only cost and reducing the cost for covering depenedents 2)Encouraged employees who don't need "double" coverage to waive off the district-offered plan resulting in an increase to pooling dollars 3)Worked with employee benefits

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		consultant to evaluate alternative carriers for all benefits plans that could reduce premiums, which would increase pooling dollars available to those covering dependents
Star School District	**Administrative Cost Reduction**	Looking at other health care programs.
Star School District	**Cost Savings**	Offer lower cost programs.
Star School District	**Customer Service**	District to small to get bids.
Star School District	**Part-Time Employee Coverage Protection**	District to small to get bids.
Star School District	**Premium Differential Reduction**	District to small to get bids.
Starbuck School District	**Administrative Cost Reduction**	Our district is at 1/2 time combination Principal/Supt/teacher
Starbuck School District	**Cost Savings**	District supplies information and plans available in October
Starbuck School District	**Customer Service**	Communication at monthly staff meetings
Starbuck School District	**Part-Time Employee Coverage Protection**	Insurance benefits are set in policy/procedures & practice
Starbuck School District	**Premium Differential Reduction**	Employees select the best plan for their family
Stehekin School District	**Administrative Cost Reduction**	District has no administrative expenses, District only has one employee eligible.
Stehekin School District	**Cost Savings**	No measurement for health care cost.
Stehekin School	**Customer**	No measurement to improve service.

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District	Category	Efforts and Achievements
District	Service	
Stehekin School District	Part-Time Employee Coverage Protection	No measurement to protect access.
Stehekin School District	Premium Differential Reduction	District only has one employee eligible for coverage.
Steilacoom Hist. School District	Administrative Cost Reduction	We have reduced the cost of paper and additional internal administrative costs by offering an electronic platform that houses communication materials, forms, educational tools for employees and their families to access 24/7.
Steilacoom Hist. School District	Cost Savings	We offer an interactive Excel spreadsheet comparison that illustrates a high-level side-by-side plan review of the estimated out-of-pocket expenses that an employee and family would experience based on their estimated utilization of benefits and (pre-pooling) employee premium share. This gives employees and their families a better understanding of which plan could potentially be the most cost-effective for them.
Steilacoom Hist. School District	Customer Service	District employees and their families have access to an Employee Service Advocate Program available through our employee benefit broker/advisor. We hold educational sessions as necessary to keep our employees and their families informed, and we regularly hold an annual benefits fair.
Steilacoom Hist. School District	Part-Time Employee Coverage Protection	It is our practice to offer benefits to employees that work 15 hours or more per week.
Steilacoom Hist. School District	Premium Differential Reduction	Minimum contribution set at 1% of Employee Only premium for all employees enrolling in a medical plan
Steptoe School District	Administrative Cost Reduction	Built in to the Business Manager's job
Steptoe School District	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: Managing the medical plans'prescripton-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Steptoe School District	Customer Service	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.

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District	Category	Efforts and Achievements
Steptoe School District	Part-Time Employee Coverage Protection	District does its best to offer half time ee at prorated amount
Steptoe School District	Premium Differential Reduction	Defer to PEBB value for premium differential
Stevenson-Carson School District	Administrative Cost Reduction	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentag
Stevenson-Carson School District	Cost Savings	Providence Health Plan has invested in preventive care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initia
Stevenson-Carson School District	Customer Service	Providence Health Plan has best-in-class medical and care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence Health Plan Customer Service and Claims are locally located in Beavert
Stevenson-Carson School District	Part-Time Employee Coverage Protection	We allow coverage for part-time employees, if the employer requests it. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Stevenson-Carson School District	Premium Differential Reduction	We are working with our unions and our benefit consultants to review our pooling and collective bargaining units. In addition, we negotiate with our health carriers and periodically complete a bid process to maintain competitive prices.
Sultan School District	Administrative Cost Reduction	By working with our employee benefits consultant, we have negotiated with both fully-insured and self-insured plans to reduce administrative expenses whenever possible. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative costs or simply reduce total premiums. Please note that some carriers, such as Premera Blue Cross, do not provide the district with a summary of administrative costs, so it is not possible to have an impact on those plans.
Sultan School District	Cost Savings	The district implemented a consumer driven high deductible health plan with a optional health savings account offered as of 10/01/2012. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans for potential reduced premiums.
Sultan School District	Customer Service	Employees are provided a comprehensive employee benefit handbook that encompasses all benefit plan summaries, rates, and vendor contact information. The District hosts an annual benefits fair with hours allowing all employees the opportunity

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District	Category	Efforts and Achievements
		to ask questions and learn the most efficient way to access their benefits. All health plans offered provide a comprehensive nurse line and telphonic customer service and support for all members.
Sultan School District	**Part-Time Employee Coverage Protection**	The district continues to work with all bargaining groups to determine the appropriate eligibility requirements to meet the benefit needs of their specific group. All existing and new employees are provided with required notifications regarding availability of health coverage through Washington Health Plan Finder as of 01/01/2014.
Sultan School District	**Premium Differential Reduction**	Implemented a minimum premium cost for each employee. Encouraged employees that do not need health plan coverage to wiave the district offered plan, resulting in an increase to pooling dollars. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums which would increase pooling dollars available for employees who cover their dependents.
Summit Valley School District	**Administrative Cost Reduction**	N/A
Summit Valley School District	**Cost Savings**	N/A
Summit Valley School District	**Customer Service**	Services provided by PEBB.
Summit Valley School District	**Part-Time Employee Coverage Protection**	N/A
Summit Valley School District	**Premium Differential Reduction**	N/A
Sumner School District	**Administrative Cost Reduction**	None. Expenses increased due to hiring a COBRA Support.
Sumner School District	**Cost Savings**	Annually compare rates using Propel as the District broker, comparing with offerings through WEA. Move employees to different plans/companies, based on rates frequently.
Sumner School District	**Customer Service**	Using Aon Hewitt Website. Cost comparison tools online enrollment phone support access to their own health history.
Sumner School District	**Part-Time Employee Coverage Protection**	All employees working .50 FTE or greater have full access to coverage, per the CBA. We have no plans on making changes.

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District	Category	Efforts and Achievements
Sumner School District	**Premium Differential Reduction**	None on Oct. 1, 2013. Policy year changed Nov. 1, 2013 progress made at that time.
Sunnyside School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services. Efforts are underway to improve our administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. We will continue to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance our abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations alike in a multitude of ways. At Group Health, we have been on the forefront of understanding and implementing healthcare reform changes to ensure our customers have no disruption in receiving high quality, affordable service and care.
Sunnyside School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make

District	Category	Efforts and Achievements
		changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. We also provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Sunnyside School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Sunnyside School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan.

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		B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Sunnyside School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Tacoma School District	**Administrative Cost Reduction**	The administrative costs of the benefits staff are paid by the trust and not the Tacoma School district. The trust works with Mercer, a benefits consultant company to negotiate administrative costs associated with our non-medical plans, such as, dental, vision, long term disability, etc.
Tacoma School District	**Cost Savings**	The WEA Select plans offer access to personal health and wellness tools that help employees stay on top of their health. Also, WEA Select plans has an integrated health and case management system in place that help to ensure employees receive appropriate and cost-effective medical care. The Sound Partnership has a wellness program for employees that focus is education, exercise, and healthy lifestyles.
Tacoma School District	**Customer Service**	Employees of the Tacoma School District have direct access to The Sound Partnership staff for all enrollment, orientation, questions, and concerns relating to their benefits.
Tacoma School District	**Part-Time Employee Coverage Protection**	Tacoma School District through its collective bargaining agreements have continued to provide benefits to part time employees. The Sound Partnership and Tacoma School District continue to comply with the requirements of the Patient Protection and Affordable Care Act (PPACA).
Tacoma School District	**Premium Differential Reduction**	The Sound Partnership trustees have always considered the cost of the family unit for employees out of pocket premiums.
Taholah School District	**Administrative Cost Reduction**	Doing this OIC report doesn't help with administrative costs
Taholah School District	**Cost Savings**	Have yearly health care benefits
Taholah School District	**Customer Service**	Didn't know we had bad service with our employees
Taholah School District	**Part-Time Employee Coverage**	Offer lower plans

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	Protection	
Taholah School District	Premium Differential Reduction	Offer lower plans
Tahoma School District	Administrative Cost Reduction	Worked with out employee benefits cosultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Tahoma School District	Cost Savings	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Tahoma School District	Customer Service	We have worked to provide improved customer service by 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2.Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Tahoma School District	Part-Time Employee Coverage	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.
Tahoma School District	Protection Premium Differential Reduction	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
Tekoa School District	Administrative Cost Reduction	We changed to a different Grouphealth plan with lower rates. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on

District	Category	Efforts and Achievements
		payments for services.
Tekoa School District	**Cost Savings**	This is the first year we have had all employees with dependents on the pool contribute. We changed to a Group Health plan with lower premiums.District: WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.The Premera plan has the following updates (1) Previder contracting-Premera has the highest number of providers "in network" in the state (98%+ of all claims paid are "in-network), (2) The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (3) BlueCard- Premera's national network, has negotiated discounts that are at the highest level withing the state and provides
Tekoa School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience.

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		E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Tekoa School District	**Part-Time Employee Coverage Protection**	Our part time employees have the same access as full time employees. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Tekoa School District	**Premium Differential Reduction**	All employees pay a minumum out of pocket - with our pool this lowers costs to families with dependents as in increases pooling dollars. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Tenino School District	**Administrative Cost Reduction**	N/A
Tenino School District	**Cost Savings**	Our District continues to be part of a large high volume plan which allows carries to negotiate lower costs and higher discounts.
Tenino School District	**Customer Service**	Employee Resources link on District Home Page, Online enrollment and interactive website for plans.
Tenino School District	**Part-Time Employee Coverage Protection**	Options for "Life Event" changes during the plan year.

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Tenino School District	Premium Differential Reduction	District continues to offer Easy Choice and High Deductible plans.
Thorp School District	Administrative Cost Reduction	0
Thorp School District	Cost Savings	0
Thorp School District	Customer Service	0
Thorp School District	Part-Time Employee Coverage Protection	0
Thorp School District	Premium Differential Reduction	0
Toledo School District	Administrative Cost Reduction	District manages own insurance reconciliation and plan enrollment
Toledo School District	Cost Savings	We are searching for providers that can save both the District and employees money by offering lower premiums.
Toledo School District	Customer Service	Employees can contact WEA/Aon Hewitt for all questions via phone or internet
Toledo School District	Part-Time Employee Coverage Protection	Despite efforts of Affordable Health Care Act that encourages us to not offer health benefits to part time workers, Toledo School District continues to offer health benefits to all employees who are contracted to work at least 3.5 hours a day.
Toledo School District	Premium Differential Reduction	Less premium increase for family coverage as compared to individual coverage
Tonasket School District	Administrative Cost Reduction	Keeping health benefits administrator in house. Do not hire out.
Tonasket School District	Cost Savings	Consistantly working towards better health plans

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Tonasket School District	**Customer Service**	Working with Premera representative
Tonasket School District	**Part-Time Employee Coverage Protection**	Monitoring monthly crystal reports
Tonasket School District	**Premium Differential Reduction**	Working towards the 15% mandatory employee deduction
Toppenish School District	**Administrative Cost Reduction**	Online enrollment, work with brokers and insurance committee to provide best programs for the cost
Toppenish School District	**Cost Savings**	WEA Select Medical Plans through Premera: A) Provider contracting - Premera has the highest number of providers "in network" in the state (98%+ of all claims paid are "in-nework"; B) Enrollment volume in Premera assists in negotiating higher discounts locally and nationally. C) Premer's national "Blue" network has negotiated discounts that are at the highest level within the state and provides significant savings to PBC enrollees who travel or reside outside the Premera service area; (D) Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective c are and identify appropriate alternative care based on the enrollees needs; (E) Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs; (F) Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formulaires to ensure they are appropriate and cost and care-efficient; (G) Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs.; (H) Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brrand, non-preferred and spciality drugs; (I) Programs that monitor controlled medication substances to provide protection for enrollees; (J) Open drug formulary that provides choice for enrollees and their physicians while being and ensuring the drugs are cost and care-effective.
Toppenish School District	**Customer Service**	School District provides more electronic communication through all users e-mail regarding benefits-open enrollment; district website has electronic benefits booklets and links to providers ; Premera provides: (A) a website with cost estimator for out of pocket costs, educational info on wellness programs and plan benefits; (B) independent surveys to measure enrollee satisfaction and making changes to improve satisfaction; (C) Strive for first call resolution for enrollees; (D) provide workshops for Customer Service, Claims and Billing; (E) Customer Service works directly with enrollees or family members needing additional assistance with plans, benefit education, special enrollment, resolution of claim issues. Direct support to the district and employees; (F) newsletters to enrollees with access to employee benefits, cost estimator for out of pocket costs, educational information wellness programs and plan benefits; (F) newsletters for plan education, information access for decision making and healthier lifestyle decisions; (G) Customer Service and Sales staff address escalated or complex issues

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		with the .
Toppenish School District	**Part-Time Employee Coverage Protection**	Premera provide coverage for part-time employees working 17.5 hours a week. District has option for lower hour threshhold as long as distristrict contributes towards the cost of plan; (B)
Toppenish School District	**Premium Differential Reduction**	Premera gave lower increases to independents than to employee only tiers for past three years; lower cost options that have lower premiums and first dollar benefits high deductible plan.
Touchet School District	**Administrative Cost Reduction**	we believe our administrative costs are minimal
Touchet School District	**Cost Savings**	we work closely with provders to offer health care plans that provide a range of benefits at a reasonable price.
Touchet School District	**Customer Service**	good communication; providing information to create their own online accounts
Touchet School District	**Part-Time Employee Coverage Protection**	all employees employed 50% or higher are given the opportunity to access health coverage
Touchet School District	**Premium Differential Reduction**	we pool state allocation for health benefits; for 2014-15 everyone will have an out-of-pocket expense for their health benefits.
Toutle Lake School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evalute and improve internal/external processes. Through "Lean" Premerea has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years.
Toutle Lake School District	**Cost Savings**	1. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. 2. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. 3. Plan that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions and higher copayments for brand, non-preferred and spcialty drugs.
Toutle Lake School District	**Customer Service**	WEA Select Medical Plans throught Premera: 1. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits.2. Does independent surveys to measure

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District	Category	Efforts and Achievements
		enrollee satisfaction and then puts a focus on making changes to improve satisfaction. 3. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.
Toutle Lake School District	**Part-Time Employee Coverage Protection**	1. By offering Kaiser and WEA Plans through Premera with a 10% discount. 2. Premera added lower cost options, such as the EasyChoice plan that have lower premiums and many first dolloar benefits and also added the HDHP Plan.
Toutle Lake School District	**Premium Differential Reduction**	WEA Select Medical plans through Premera: 1. Gave lower increases to dependents than to employee only tiers for the past three years. 2. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dolloar benefits and also added the HDHP Plan.
Trout Lake School District	**Administrative Cost Reduction**	As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA. We have worked closely with BCI Group, our benefits consultant, to identify benefit design strategies to help meet budget goals and mitigate future cost increases.
Trout Lake School District	**Cost Savings**	We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates. In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiations. We regularly receive claims data and analyze this to assist with benefit design and cost containment.
Trout Lake School District	**Customer Service**	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon with hours of operation from 8:00 am to 5:00 pm PST and a toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services are available along with an automated voice response system and call tracking software for real time and historical activity management. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
Trout Lake School District	**Part-Time Employee Coverage Protection**	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
Trout Lake School District	**Premium Differential**	We have completed a Memorandum of Understanding with our classified union representatives to make a good faith effort to comply with ESSB 5940. We have advised our certificated union representatives of ESSB 5940 requirements and they have

District	Category	Efforts and Achievements
	Reduction	not responded to our request for further discussions.
Tukwila School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Tukwila School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Tukwila School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps

District	Category	Efforts and Achievements
		them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Tukwila School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Tukwila School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Tumwater School District	**Administrative Cost Reduction**	The District hired an additional support staff person to reduce overtime expenses in payroll and human resources. Health benefit changes are made online or over the phone eliminating the need for a person to process paper forms.
Tumwater School District	**Cost Savings**	Our Premera medical plans have the highest number of in network providers in the state. The volume of enrollment in Premera assists in negotating higher discounts locall and nationally. Premera's Blue network has negotiated discounts that

District	Category	Efforts and Achievements
		are the highest level within the state and provides significant savigs to enrollees who travel or reside outside the service area. Evidence-based medical initiatives allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care efficient. Member 360 dashboard is a proprietory toll that uses more than claims to identify enrollees with specific health care needs. Premera offers plans that include copayments for emergency room services, copayments for inpatient hospital admissions and higher copayments for brand, non-preferred speciality drugs. Premera has programs that monitor controlled medication substances to provide protection for enrollees. Premera has an open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care effective. The District has gone to bid to ensure we are offering the most affordable health plans available with comparible coverage to what our current plans are.
Tumwater School District	**Customer Service**	Premera provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits. Premera does independent studies to measure enrollee satisfaction then puts a focus on making changes to improve satisfaction. Almost all the District's benefit changes including enrollment, changing plans and adding or dropping dependents are done online or over the phone. This ensures the employee has the most information available to them when they are making decisions regarding their health care.
Tumwater School District	**Part-Time Employee Coverage Protection**	The District offers health benefits to any employee who is contracted to work at least 15 hours a week. This has allowed employees who are much less than full time to have access to affordable health coverage.
Tumwater School District	**Premium Differential Reduction**	Premera gave lower increases to dependents than to employee only tiers for the past three years. Premera added lower cost options that have lower premiums and many first dollar benefits and also added the HDHP. The District implimented a 1% mandatory payroll deduction for any employee electing medical coverage and than used those dollars to reduce the out-of-pocket premium cost for employees covering dependents on their medical coverage.
Union Gap School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in

District	Category	Efforts and Achievements
		2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Union Gap School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Union Gap School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience.

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		E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Union Gap School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Union Gap School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
University Place School District	**Administrative Cost Reduction**	Improved efficiency by contracting with a new vendor
University Place School District	**Cost Savings**	Large number of contracted providers, discounts, ensuring that drug cost and care are effective
University Place School District	**Customer Service**	School district and medical company websites, enrollee input and Benefit Committee
University Place School District	**Part-Time Employee Coverage Protection**	Lower cost options
University Place School District	**Premium Differential**	Lower increases to dependents and lower cost plan options

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	Reduction	
Valley School District	Administrative Cost Reduction	We now have an online system that staff will enroll themselves during open enrollment, eliminating the paper forms, which we will no longer have to track. Invoices are also easier to reconcile given the new billing system Aon Hewitt recently launched. This cuts down on the time it takes to find errors or inconsistencies in billing.
Valley School District	Cost Savings	We had biometric testing available for staff to create a base line for staff. Also, many staff members have opted for lower premiums to save the money monthly since preventive care is covered in all plans.
Valley School District	Customer Service	We had biometric testing available for staff to create a base line for staff. We are also creating a benefit committee and creating a survey for staff to find areas of need.
Valley School District	Part-Time Employee Coverage Protection	Our part time staff are treated like our certificated staff members. Benefit FTE is calculated on the teacher work year, which provides a higher allocation for medical benefits for our part-time staff members.
Valley School District	Premium Differential Reduction	All staff are required to pay a percentage of their monthly premium. This amount has increased since 2012, which is creating a larger pool for those with larger out of pocket amounts, typically full family coverage, therefore their cost per month has been reduced.
Vancouver School District	Administrative Cost Reduction	Administration costs are a very small piece of the pie and are difficult to reduce considering that ESSB 5940 and national health care reform added additional requirements for districts. New premium structures, new plans, new data collections require additional staff time.
Vancouver School District	Cost Savings	Our self-insured dental, vision, and audio plan decreased premiums by $5 per month in February 2013. As a result, employees had more allocation to go towards the cost of major medical premiums (or contributed more to pooling). Premera's online enrollment system tools allow employees to compare estimated health care costs which, along with help from district benefits staff, helps employees make more informed decisions regarding cost-effective health care. The most expensive Premera plans we offer (Plans 5 and 2) had a combined enrollment decrease of 9.2%.
Vancouver School District	Customer Service	We provided employees with a comprehensive Benefits Guide during Open Enrollment. The district hosts monthly sessions for a Premera representative to meet with employees to assist them in making proactive decisions about their health care. Premera's online enrollment system includes tools for employees to make more cost-effective decisions. The district provides educational materials on the employee portal page, monthly newsletters, and meetings with union leadership. During Open Enrollment, we hold a benefits help sessions and a large Benefits Fair to get information out to employees.
Vancouver School District	Part-Time Employee Coverage Protection	Employees that work 17.5 hours or more per week are eligible to participate in health benefits. Our district offers a wide range of plans and premiums to all employees.
Vancouver	Premium	Signed Memorandum of Understanding with all bargaining groups that both parties agree to explore options for making

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School District	Differential Reduction	progress toward a 3:1 ratio between family and employee only rates. Held multiple insurance oversight committee meetings to discuss necessary changes to premium rate structure. Premera premiums were adjusted to reflect a slightly high needed rate increase for employee only coverage as compared to a slightly lower rate increase for employees covering dependents.
Vashon Island School District	Administrative Cost Reduction	Admimistrative costs continue on a downward trend and are under 6%.
Vashon Island School District	Cost Savings	Provider contracting and volume of enrollment help negotiate higher discounts. We offer plans that include copayments for Emergency Room service . Copayments for inpatient hospital asmissions and higher copayments for brand, non-preferred and speciality drugs.
Vashon Island School District	Customer Service	A website is available with access to information about employee benefits which include a cost estimator. We send out a comprehensive packet annually via e-mail summarizing plans costs and coverages that include links to every insurance plan.
Vashon Island School District	Part-Time Employee Coverage Protection	We offer medical insurance to any employee who works at least 15 hours per week.
Vashon Island School District	Premium Differential Reduction	All of our employee unions/groups with the exception of the SEIU now pay 1% of the cost of their premium in addition to any amount not covered in pooling.
Wahkiakum School District	Administrative Cost Reduction	The district contracts with the PEBB Program, whose cost-saving measures include: 1. Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2. Purchasing coverage for medical tools and procedures that are evidence based. 3. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Wahkiakum School District	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: 1. Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2. Purchasing coverage for medical tools and procedures that are evidence based. 3. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Wahkiakum School District	Customer Service	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Wahkiakum School District	Part-Time Employee Coverage Protection	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.

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Wahkiakum School District	**Premium Differential Reduction**	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Wahluke School District	**Administrative Cost Reduction**	utilization of technology
Wahluke School District	**Cost Savings**	obtain multiple quotes for coverage
Wahluke School District	**Customer Service**	Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.
Wahluke School District	**Part-Time Employee Coverage Protection**	Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Wahluke School District	**Premium Differential Reduction**	every employee pays a minimum amount that helps offset the full family coverage in the pooling system.
Waitsburg School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "lean" thinking sice 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's admin costs have been under 6% for over 11 years. The reduction have been passed on to our District. Premera's BlueCard provides significant saving to Premera enrollees traveling or residing outside the Premera service area.
Waitsburg School District	**Cost Savings**	Districts provider Premera provided a plan that has the highest number of providers "in network" in the state. Providers' volume of enrollment assists in negotiating high discounts locally and nationally. Provider has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Provider has evidence-based medical initiatives that allow them to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Provider has advisory groups for medical and pharmacy that continually monitor its policy and procedures and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Premera's member 360 dashboard, a proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Premera provides plans that include copayments for Emergency Room service waived if admitted, copayments for inpaitient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Premera's has programs that monitor controlled medication substances to provide protection

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		for enrollees. Premera has an open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Waitsburg School District	**Customer Service**	Premera offers a website with access to information about the employee's benefiswich includes a cost estimator which helps them determine which providers require less-out-of-pocket costs. The website providdes educational information about wellness programs and their plan benefits. Premera does independent surveys to measure enrolee satisfaction and then puts a focus on making changes to improve enrollees satisfaction. Premera's Sales team provides year-round servicing and is availabletowork directly with enrolleees or family members who may need additional assistance with their plans. Premera provides an array of services from education about benefits and plan chocies to when a plan can be made. Working to help resolve claim issues. Carrier provides a semi-annual newsleters to enrollees to educate them on their plans and provide access to infomation to help support decision making and healthier lifestyle decisions.
Waitsburg School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans offered through Premera provided access to coverage for part-time employees working 17.5 hours a week. Added lower cost options, such as the EasyChoice Plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Waitsburg School District	**Premium Differential Reduction**	District provider gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added HDHP Plan.
Walla Walla Public Schools	**Administrative Cost Reduction**	Separated from WEA for SY 13-14, now know actual, if any, admin cost
Walla Walla Public Schools	**Cost Savings**	For SY 13-14 moved to UnitedHealth Care w/lower premiums/wellness/managed medical
Walla Walla Public Schools	**Customer Service**	Separated from WEA for SY 13-14, new provider focuses on overall wellness as part of plan management, effective drug coverage
Walla Walla Public Schools	**Part-Time Employee Coverage Protection**	MOU w/PSE to lower FTE needed for access to Pooling $$ which improve potential for EE to afford coverage
Walla Walla Public Schools	**Premium Differential Reduction**	Continued minimum contribution, overall reduced plan cost increases
Wapato School District	**Administrative Cost Reduction**	The District has not seen a reduction of admin cost locally. We are reporting the information from our providers on their reduced admin cost. Premera has been the leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and

District	Category	Efforts and Achievements
		lowering expenses. Premera uses this method to continue to evaluate and improve internal /external processess. Group Health has efforts underway to improve administrative capabilites and care management solutions to respond to external forces, such as the evolving market of healthcare reform. Group Health contiues to engage in comprehensive efforts to implement the Affordable Care Act, which includes investing in new capabilities and infrastructures that advance our abilities to meet the demands of an increasingly complex industry.
Wapato School District	**Cost Savings**	Premera Blue Cross has implemented provider contracting which has the highest number of providers "in network" in the state (98% + of all claims pair are "in network"). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. Plans that include co-payments for emergency room service (waived if admitted), co-payments for inpatient hospital admissions, and higher copayments for brand, non preferred and speciality drugs. Group Health has a team of experts that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. Group Health also promote healthy living through easily accessible wellness solutions, such as complex case management to help members with chronic or acute conditions receive the best medical treatment available.
Wapato School District	**Customer Service**	The District has health plan meetings for Group Health enrollees in which the employees are able to speak to someone in person in regards to their health care plan. Employees are also able to discuss any questions with their medical provider. Premera has a website with access to information about the employee's benefits which include a cost estimator.
Wapato School District	**Part-Time Employee Coverage Protection**	The District has always offered part time employees insurance coverage. The District has negotiated language in all collective bargaining agreements to address this issue.
Wapato School District	**Premium Differential Reduction**	Premera gave lower increases to dependents than to employee only tiers for the past three years. They also added lower cost options such as the Easy Choice plans that have lower premiums and they added the HDHP. Group Health's has strategies in place to work towards this goal.
Warden School District	**Administrative Cost Reduction**	Administrative costs are low due to contracting with PEBB.
Warden School District	**Cost Savings**	Teacher's union compared PEBB to WEA plans that were available and chose to stay with PEBB.
Warden School District	**Customer Service**	Representative from American Fidelity explained plans to employees individually to employees during open enrollment and District sent out emails with web links for PEBB information. PEBB also sends out informative newletters to enrollees.
Warden School District	**Part-Time Employee Coverage Protection**	Have included bus driver trip hours to make insurance premiums more affordable

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Warden School District	**Premium Differential Reduction**	PEBB has done this.
Washougal School District	**Administrative Cost Reduction**	A. BlueCard provides significant savings to Regence enrollees traveling or residing outside the Regence service area. B. WSD Specific - the WSD Plan's auto adjudication rates remain some of the highest within Regence, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Washougal School District	**Cost Savings**	A. Provider contracting - Regence has the highest number of providers “in network” in the state (98% + of all claims pair are “in-network”). B. The volume of enrollment in Regence assists in negotiating higher discounts locally and nationally. (In addition to Regence's Exchange, Individual, small and large group accounts, Regence provides coverage for many large, national accounts as well.) C. BlueCard - (Regence's national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Regence enrollees who travel or reside outside the Regence service area. D. Evidence-based medical initiatives that allow Regence to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs through MyRegence.com. F. Provider advisory groups for medical and pharmacy that continually monitor Regence's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. H. Programs that monitor controlled medication substances to provide protection for enrollees. I. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Washougal School District	**Customer Service**	A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. The dedicated Regence Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Regence provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Regence also works to resolve claim

District	Category	Efforts and Achievements
		issues for enrollees. This provides additional support to the district as well as direct support to their employees. D. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Washougal School District	**Part-Time Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for a number of years. B. Regence works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Washougal School District	**Premium Differential Reduction**	Offered lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Washtucna School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Washtucna School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

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		E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Washtucna School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Washtucna School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan.

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		C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Washtucna School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Waterville School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses.
Waterville School District	**Cost Savings**	Premera has the highest number of providers "in network" in the state (98%+ of all claims are paid "in network").
Waterville School District	**Customer Service**	Premera provides a website with access to information about the employee benefits- this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family.
Waterville School District	**Part-Time Employee Coverage Protection**	When a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.
Waterville School District	**Premium Differential Reduction**	WEA Select Plans added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.
Wellpinit School District	**Administrative Cost Reduction**	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowerin expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "lean" workshops so they can incorporate themin their own business - including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. WEA Specific - the WEA Plans' auto adjudication rates remain some of the highest within Premera, which reduces the need for manual interventionand provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Wellpinit School District	**Cost Savings**	Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in network"). The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (in addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) BlueCard - (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to

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		Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to provide protection for enrollees. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Wellpinit School District	**Customer Service**	Provides a wesite with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out of pocket costs. The website provides educational information about wellness programs and their plan benefits. Does Independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. Ulyssess Learning - leading to first call resolution and a higher level of satisfaction from enrollees. Premeras Lean workshops include Customer Service, Clams and Billing processes - which we continue to focus on improving the enrollee experience. The dedicated Premera Sales team provides year round servicing and is available to work directly with enrolless or family members who may need additional assistance with their plans. Premera provides an array of services from providing educationabout the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim for enrollees. This provides additional support to the district as well as direct support to their employees. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healtheir lifestyle decisions. Dedicated staff in Customer Service and in Sales who work to address escaleted or complex issues with the enrollee/designated representative and/or their provider. Input from the enrollee can often help in making adjustments of bnefit changes to the Plans.
Wellpinit School District	**Part-Time Employee Coverage Protection**	We have no part time employees
Wellpinit School District	**Premium Differential Reduction**	Gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost opetions, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
Wenatchee School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses.

District	Category	Efforts and Achievements
		Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Wenatchee School District	**Cost Savings**	RFP 07-2012, WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Wenatchee School District	**Customer Service**	AON online open enrollment, AON online benefit changes, Web site, New employee orinentation, Open enrollment packets, WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve

District	Category	Efforts and Achievements
		satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Wenatchee School District	**Part-Time Employee Coverage Protection**	Bargaining agreements language, WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP.
Wenatchee School District	**Premium Differential Reduction**	Pooling, District paid HCA, WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP.
West Valley School District (Spokane)	**Administrative Cost Reduction**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years.

District	Category	Efforts and Achievements
		B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
West Valley School District (Spokane)	**Cost Savings**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
West Valley School District (Spokane)	**Customer Service**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on

District	Category	Efforts and Achievements
		improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
West Valley School District (Spokane)	**Part-Time Employee Coverage Protection**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
West Valley School District (Spokane)	**Premium Differential Reduction**	District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
West Valley School District (Yakima)	**Administrative Cost Reduction**	Efforts are underway to improve our administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. We will continue to engage in comprehensive efforts to implement the Affordable
West Valley School District (Yakima)	**Cost Savings**	We have teams of experts at Group Health that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. We also promote healthy living through easily acces
West Valley School District (Yakima)	**Customer Service**	Our district now has a Benefit Coordinator that meets with every employee individually to go over all healthcare options.

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West Valley School District (Yakima)	**Part-Time Employee Coverage Protection**	We offer insurance to all employees that work over 20 hours per week and employees under that threshhold we recommend they look into the Washington Health Finder Website.
West Valley School District (Yakima)	**Premium Differential Reduction**	The WEA Plans are working towards this goal. We currently have achieved a 9 - 1 ratio.
White Pass School District	**Administrative Cost Reduction**	N/A
White Pass School District	**Cost Savings**	Minimum Deduction Plan
White Pass School District	**Customer Service**	N/A
White Pass School District	**Part-Time Employee Coverage Protection**	N/A
White Pass School District	**Premium Differential Reduction**	Minimum Deduction Plan
White River School District	**Administrative Cost Reduction**	We have no additional administrative costs.
White River School District	**Cost Savings**	We asked our broker to go out to bid on our insurance packages to compare the prices.
White River School District	**Customer Service**	Our health plan administrator provides us information on health care costs. Premera started an on-line enrollment program. The district meets regularly with our Benefits Committee to discuss what benefits are best offered to our employees.
White River School District	**Part-Time Employee Coverage Protection**	The district runs reports to see if there are employees at year end that need to be offered medical insurance
White River School District	**Premium Differential Reduction**	The distict has imposed a 5% minimum employee paid cost for all medical plans. The 5% is based on the premium cost so If the premium is higher, the employee will pay more.

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District	Category	Efforts and Achievements
White Salmon Valley School District	**Administrative Cost Reduction**	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.Providence Health Plan through our Quality Medical Management program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Preformance quality of care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy benefit management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. PHP will work with the districts and their producers or consultants to identify benefit design strategies to help meet budget goals and mitigate future cost increases. BCI, our benefit consultant, reduced their administration fee by 10%.
White Salmon Valley School District	**Cost Savings**	Providence Health Plan has invested in preventive care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
White Salmon Valley School District	**Customer Service**	Providence Health Plan has best-in-class medical and care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence Health Plan Customer Service and Claims are locally located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services available, automated voice response system and call tracking software for real time and historical activity. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimators etc. BCI, our benefit consultant, holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.
White Salmon Valley School District	**Part-Time Employee Coverage Protection**	We allow coverage for part-time employees, if the employer requests it. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
White Salmon	**Premium**	We are working with our unions and our benefit consultants to review our pooling and collective bargaining units. In

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Valley School District	Differential Reduction	addition, we negotiate with our health carriers and periodically complete a bid process to maintain competitive prices.
Wilbur School District	Administrative Cost Reduction	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve t
Wilbur School District	Cost Savings	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are
Wilbur School District	Customer Service	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee’s benefits which includes a cost estimator which helps the
Wilbur School District	Part-Time Employee Coverage Protection	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts
Wilbur School District	Premium Differential Reduction	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such
Willapa Valley School District	Administrative Cost Reduction	Premera implements a "Lean" thinking program to avoid wasted time and work effort. This results in improving efficiency while lowering expenses to memebers.
Willapa Valley School District	Cost Savings	Plans include copayments for Emergency room services (waived if addmitted), copayments for inpatient hospital admissions and higher copayments for brand name and specialty drugs.
Willapa Valley School District	Customer Service	Premera does independnet surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.
Willapa Valley School District	Part-Time Employee Coverage Protection	WEA Select Plans when a full time employee's hours are decreased Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical plan.
Willapa Valley School District	Premium Differential Reduction	WEA Select Plans offers lower cost options such as EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP plan.
Wilson Creek School District	Administrative Cost Reduction	We are a very small district therefore we have no administrative cost.
Wilson Creek	Cost Savings	No cost savings in 2013

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School District		
Wilson Creek School District	Customer Service	The district has little options because of our size. We are with PEBB.
Wilson Creek School District	Part-Time Employee Coverage Protection	All part time staff have the option to have insurance. They just have to pay the difference.
Wilson Creek School District	Premium Differential Reduction	Working with PEBB.
Winlock School District	Administrative Cost Reduction	N/A
Winlock School District	Cost Savings	Our district utilizes Premera which includes provider contrating that has the highest number of "in network" providers which saves subscribers money.
Winlock School District	Customer Service	All enrollment is completed online. Website has enrollment package and all information on the plans. Customer service is available by phone to assist employees also.
Winlock School District	Part-Time Employee Coverage Protection	We have the lower cost EasyChoice plans and the HDHP plan that employees who work part time that are more affordable.
Winlock School District	Premium Differential Reduction	The certificated bargaining group is paying a portion of their premium beyond the state allotment.
Wishkah Valley School District	Administrative Cost Reduction	Our administrators now receive the same amount of employer contribution as all other employees.
Wishkah Valley School District	Cost Savings	We work closely with our health care provider to ensure that we are offering the most cost effective coverage to our employees.
Wishkah Valley School District	Customer Service	They have more accessibility to their plan through the Aon Hewitt website which includes more service from their carrier.
Wishkah Valley School District	Part-Time Employee Coverage Protection	Employees are offered a choice of several plans which include lower cost options and lower premiums.

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District	Category	Efforts and Achievements
Wishkah Valley School District	**Premium Differential Reduction**	Employees are offered a choice of several plans which include lower cost options and lower premiums for both employee only and family choices.
Wishram School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Wishram School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network"). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective."

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District	Category	Efforts and Achievements
Wishram School District	**Customer Service**	"District: Please indicate if your district has done something specific in this area. WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Wishram School District	**Part-Time Employee Coverage Protection**	WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts
Wishram School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Woodland School District	**Administrative Cost Reduction**	Currently, our benefits consultant is paid at a significantly lower commission than is common in the marketplace. We also conducted a full market RFP for benefit plan providers to ensure we are receiving competitive rates, and to avoid paying commission to two brokers.
Woodland School District	**Cost Savings**	We offer an array of benefit plan options that intendst ot meet all employee's needs related to both cost and benefits. We conducted an RFP for insurance providers and are in the process of potentially replacing our current carrier with options that will result in a reduced cost for our employees.

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Woodland School District	**Customer Service**	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We also provide the opportunity for each of our employees to receive one-on-one counseling about the benefit options available to them. We provide a benefits handbook with contact information for each service provider, along with summaries of each of the plans availalbe to them. Our benefits fair provides employees with an opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness topics.
Woodland School District	**Part-Time Employee Coverage Protection**	We continue to provide coverage to part time employees, with eligibility requirements of .4 FTE for Certificated, Admin, or Non-represented employees, and 17.5 hours per week for classified staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
Woodland School District	**Premium Differential Reduction**	We believe we made progress toward increasing the affordability of coverage through requiring a mandatory employee contribution for each employee electing medical benefits in our Teachers' Group and our Administrator's Group. This contribution required all employees to pay at least 0.5% of the total cost of their medical premium and generally went to help offset the out-of-pocket cost above the state allocation dollars. This helped result in a reduction of our family to individual ratio from approximately 34:1 to 30:1. Discussions have continued with our other bargaining groups to increase the mandatory employee contribution. Carriers are working to shift costs from families to employee only enrollees as well.
Yakima School District	**Administrative Cost Reduction**	WEA Select Medical Plans through Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years. B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
Yakima School District	**Cost Savings**	WEA Select Medical Plans through Premera: A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”). B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national

District	Category	Efforts and Achievements
		accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.) C. BlueCard – (Premera's national "Blue" network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient. G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. I. Programs that monitor controlled medication substances to provide protection for enrollees. J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
Yakima School District	**Customer Service**	WEA Select Medical Plans through Premera: A. Provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits. B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. C. "Ulyssess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees. D. Premera's "Lean" workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience. E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
Yakima School	**Part-Time**	WEA Select Medical Plans through Premera:

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District	**Employee Coverage Protection**	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Yakima School District	**Premium Differential Reduction**	WEA Select Medical Plans through Premera: A. Gave lower increases to dependents than to employee only tiers for the past three years. B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.
Yelm School District	**Administrative Cost Reduction**	NO ADMINISTRATIVE COSTS
Yelm School District	**Cost Savings**	OFFER WHAT WEA OFFERS, OFFER HEALTH SAVINGS ACCOUNTS
Yelm School District	**Customer Service**	OFFER WEBSITE INFORMATION, HOLD BENEFITS FAIR
Yelm School District	**Part-Time Employee Coverage Protection**	OFFER BENEFITS TO EMPLOYEES ABOVE 20 HOURS PER WEEK
Yelm School District	**Premium Differential Reduction**	USING WEA PROVIDED PLANS
Zillah School District	**Administrative Cost Reduction**	Administrative costs at the district are almost zero. We still must use brokers and private insurors so those opportunities to reduce administrative costs are lost to us.
Zillah School District	**Cost Savings**	Our provider's strategies include accelerating the extension of their care delivery model, thereby developing a broader, more fully integrated delivery system with higher quality care at a lower cost. Their integrated approach allows a focus on cost reductions across the entire continuum of care and administration. Our employees and their dependents benefit from our provider's quality of care and cost through favorable cost shares and lower administration fees and by service delivery, plan designs and health plan capabilities coming together to support their health and wellness.
Zillah School District	**Customer Service**	Our provider's strategies include a strong focus to continue improvement of network integration and cost performance in key markets. Their network focus is developing collaborative agreements and partnerships with other healthcare partners.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A19b
Efforts and Achievements by District
Calendar Year 2013

District	Category	Efforts and Achievements
		Expanding their network capabilities designed on a platform of wellness, high performance and reduced cost are targeted to reinforce affordable healthcare for our employees.
Zillah School District	**Part-Time Employee Coverage Protection**	All employees are eligible to participate in the health care plans. Part time employees are included in the pooling of benefits to aid them in affordability.
Zillah School District	**Premium Differential Reduction**	Limited progress has been made in this area due to the reluctance of CPU's to accept required contribution for all rather than using a straight pooling arrangement. The only progress that has been made is through provider manipulation of tiered pricing.

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A20
Glossary of Acronyms

Acronym	Definition
Admits	Hospital Admissions
IBNR	Incurred But Not Reported (applicable to plan reserves)
LOS	Length of Stay
PEPM	Per Employee Per Month
PMPM	Per Member Per Month
PSR	Premium Stabilization Reserve
RSR	Rate Stabilization Reserve

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A21a
Data Traceability Matrix for Carriers

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
Subsection (2)	1	n/a	School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year					Carriers raised issues of calendar versus district plan year reporting. Data submission will adjust results to calendar year.	Carriers instructed to report financial data monthly based on plan year ending in 2012 and remaining months for non-calendar year plans. Some data reported as a snapshot in time.		
2.a	1	27	Progress by the district and its benefit providers toward greater affordability for full family coverage, health care cost savings, and significantly reduced administrative costs	Carriers	Carrier_Year	Narrative	Plan Year	The issue of the affordability for full family coverage is a district-specific issue, not a carrier-related one	Requested carrier description of efforts and achievement towards health care cost savings and significantly reduced administrative costs	1	1
2.b	2	2	Compliance with requirement to provide a high deductible health plan option with a health savings account	Carriers	Plan_Year	Text	Plan Year	All appear to comply currently	Instructions include the question: Does carrier offer IRS qualified HDHP to districts with health savings account? (Y/N)	1	4
2.c.i.A			An overall plan summary including the following: The financial plan structure and overall performance of each health plan, including:	Carriers							
2.c.i.A	3	16	Total premium expenses	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	The definition of premium is monthly premium for experience reporting purposes and may be defined as the unit rate charge by the carrier for the coverage month		1, 12	5, 6
	From HCA Memo	5	Premium rate schedule for all tiers for each health benefit plan	Carriers	BP_SD	Currency	Plan Year		Added monthly premium rate schedule for all insurance tiers and districts/groups for plan years ending in 2012	5	8
	From HCA Memo	26	Description of "carve-out" supplemental services offered (e.g. for separate disease management, wellness, and similar programs)	Carriers	Plan_Year	Narrative	Plan Year	Added request for services; Carrier supplemental services not consistent/available	Describe supplemental services offered (such as disease management)	1	4
	From HCA Memo	25	Payments to carriers for "carve-out" supplemental services (e.g. for separate disease management, wellness, and similar programs)	Carriers	BP_Year	Currency	Plan Year	Added request for payments / fees; Carrier supplemental services not consistent/available	Report total annual payments to carriers received for separate disease management, wellness, and similar programs	1	5
2.c.i.B	4	8	Total claim expenses	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Health plan claims only	Report aggregate monthly paid claims	1, 12	5, 6
2.c.i.C	5	17, 18	Claims reserves	Carriers				Not available by district; to be combined by rating pool	Reserves are reported in two fields		
		18	Incurred But Not Reported (IBNR) reserves ending balance by rating pool	Carriers	Carrier_Pool	Currency	Plan Year	Added IBNR Reserves ending balance	Report IBNR reserves by rating pool ending balance only	1	3
		17	Premium or Rate Stabilization (PSR/RSR) reserves ending balance by rating pool	Carriers	Carrier_Pool	Currency	Plan Year	Added PSR/RSR fund balance at end	Report PSR or CSR by rating pool ending balance only	1	3
2.c.i.D	6	19	Plan administration expenses, including compensation paid to brokers	Carriers	BP_Year	Currency	Plan year	Report compensation breakdown	Total administrative expenses	1	5
		20	Taxes, WSHP assessments, and other government taxes and assessments	Carriers	BP_Year	Currency	Plan Year	Report PSR/RSR fund balance at end	Total administrative expenses for premium taxes, WSHIP assessments, and other government taxes or assessments	1	5
		21	Payments to brokers, producers, agents, and actuaries	Carriers	BP_Year	Currency	Plan Year	Requested data; Report broker aggregate amounts	Total administrative expenses for commissions, consulting fees including all direct or indirect producer compensation;	1	5

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
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ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
		23	Payments to associations, trusts and other third parties including benefit administration and marketing related compensation	Carriers	BP_Year	Currency	Plan Year	Report all payments to third parties	Payments to associations, trusts and other third parties including benefit administration and marketing related compensation	1	5
		22	PPO access fee	Carriers	BP_Year	Currency	Plan Year	No specific requirement	Total annual administrative expenses for PPO network access	1	5
		24	Carrier administrative expenses not covered above	Carriers	BP_Year	Currency	Plan Year		Total annual administrative expenses for all expenses not listed in other data fields	1	5
2.c.ii	7	28	A description of the plan's use of innovative health plan features designed to reduce health benefit premium growth and reduce utilization of unnecessary services including but not limited to the use of enrollee health assessments or health coach services, care management for high cost or high-risk enrollees, medical or health home payment mechanisms, and plan features designed to create incentives for improved personal health behaviors	Carriers	Carrier_Year, Carrier_Innov	Check list	Plan Year	Carrier features vary; suggest using list to standardize comparisons across carriers	Data call instructions included a list of standarized carrier features	list	1, 2
2.c.iii			Legislative language applicable to district-specific reporting, not carrier-reporting (see district matrix)								
	From HCA Memo	1	Carrier Name	Carriers	Carrier_Year	Text		Request the name of the carrier	Carrier Name	1	1
	From HCA Memo	3	Group policy number or plan identifier	Carriers	Plan	Text	Plan Year	Include group policy number, insurance carriers' names and group codes	Plan identifier	2	4
	From HCA Memo	6	Plan begin and end dates	Carriers	Plan	Text	Plan Year		Plan begin and end dates	2	4
2.c.iv	17	29	Data necessary for school districts to more effectively and competitively manage and procure health insurance plans for employees. The data must include, but not be limited to, the following:	Carriers	Carrier_Year	Text	Plan Year	Requested data	Describe what information is needed for districts to procure health insurance with your company?	1	1
2.c.iv.A	18	4	A summary of the benefit packages offered to each group of district employees, including:	Carriers	Plan_Year	Narrative	Plan Year	Plan summaries in standardized formats	Each carrier to provide summary of each unique benefit plan	1	4
2.c.iv.A	19	4	Covered benefits, employee deductibles, coinsurance, and co-payments	Carriers	Plan_CostShare	Mixed	Plan Year	Plan summaries provided by all the carriers; values entered from plan summaries	Unique cost-sharing provisions of plans include deductibles, coinsurance, copayments	1	4
2.c.iv.A	20	7	The number of employees and their dependents in each benefit package	Carriers	Carrier_Pool, BP_Perform	Numeric	Plan Year, By Month		Monthly employee and dependent enrollment headcounts		3, 6
2.c.iv.B	21, 22	7	Aggregated employee and dependent demographic information, including age band and gender, by insurance tier and by benefit package	Carriers	BP_Demo, BP_SD	Mixed	Snapshot	Carriers note aggregated demographics not tracked by coverage tier; snapshot requested	Reporting for plan year ending in 2012	list	7, 8
	21, 22	7	Employee counts by age tier	Carriers	BP_Demo	Numeric	Snapshot	Age banded requested	Employees by age band — plan year ending in 2012	11	7
	21, 22	7	Dependent counts by age tier	Carriers	BP_Demo	Numeric	Snapshot	Age banded requested	Dependents by age band for plan year ending in 2012	11	7
	21, 22	7	Employee counts by gender	Carriers	BP_Demo	Numeric	Snapshot	M/F	Employees by gender for plan year ending in 2012	2	7
	21, 22	7	Dependent counts by gender	Carriers	BP_Demo	Numeric	Snapshot		Dependents by gender for plan year ending in 2012	2	7

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A21a
Data Traceability Matrix for Carriers

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
	21, 22	7	Employee counts by coverage tier	Carriers	BP_Demo, BP_SD	Numeric	Snapshot, Plan Year	Standardized coverage tiers — at end of plan year snapshot	Employee counts by coverage tier for plan year ending in 2012	5	7, 8
	21, 22	7	Dependent counts by employee coverage tier	Carriers	BP_Demo	Numeric	Snapshot	Standardized coverage tiers — at end of plan year snapshot. The dependents count in the employee only tier should be 0	Dependent counts by employee coverage tier for plan year ending in 2012	5	7
2.c.iv.C	23	8	Total claim payments by benefits package, including:	Carriers	Carrier_Pool, BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	All data for plan year ending in 2012	1, 12	3, 5, 6
2.c.iv.C	24	16	Premiums paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total premiums paid	Premium recorded for experience reporting purposes	1, 12	5, 6
2.c.iv.C	25	9	Inpatient facility claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month		Monthly inpatient facility paid claims	1, 12	5, 6
See CR 103	25	9	Inpatient facility claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Number of inpatient admissions/1000, inpatient days/1000, average length of stay (LOS)	1	5
2.c.iv.C	26	10	Outpatient facility claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly outpatient paid claims	1, 12	5, 6
	26	10	Outpatient facility claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Outpatient facility visits per 1,000	1	5
2.c.iv.C	27	11	Physician (professional) claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Included professional services	Monthly professional paid claims	1, 12	5, 6
	27	11	Professional services claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Professional visits per 1,000	1	5
2.c.iv.C	28	12	Pharmacy claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly pharmacy paid claims	1, 12	5, 6
	28	12	Pharmacy claims utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	Number of scripts (30 day supply) per 1,000	1	5
2.c.iv.C	29	13	Capitation amounts paid	Carriers	BP_Year	Currency	Plan year	Total dollar claims paid	Monthly capitation payments	1	5
2.c.iv.C	30	14	Other claims paid	Carriers	BP_Year, BP_Perform	Currency	Plan_Year, By Month	Total dollar claims paid	Monthly all other paid claims	1, 12	5, 6
	30a	14	Other claims paid utilization	Carriers	BP_Year	Numeric	Plan year	Utilization (count)	All other medical visits per 1,000	1	5
2.c.iv.D	31	16	Total premiums paid by benefits package	Carriers	BP_Year, BP_Perform, BP_SD	Currency	Plan_Year, By Month	Premiums included for medical and pharmacy; vision, dental, life, LTD not included. Carrier-specific grouping status (classified/ certificated) not available	Premium recorded for experience reporting purposes	1, 12, list	5, 6, 8
2.c.iv.E	32	15	A list of large claims defined as annual amounts paid in excess of $100,000 including	Carriers					Listing of large claims by carrier	By claimant	9
2.c.iv.E	33	15	Amount paid (per claimant)	Carriers	Carrier_Claims	Currency	Plan Year	Large claims in excess of 100,000 per claimant	Submission is based on amount per claimant	By claimant	9
2.c.iv.E	34	15	Member enrollment status	Carriers	Carrier_Claims	Text	Plan Year	Individually identifiable information as defined by HIPAA will not be included; eliminating member or plan participant identifier		By claimant	9
2.c.iv.E	35	15	Primary diagnosis	Carriers	Carrier_Claims	Text	Plan Year	Carriers agreed to report ICD-9 Major Diagnosis Codes (MDC) code groupings or numbers; consolidate reporting to avoid disclosing potentially protected health information (PHI) or individually identifiable information (IIHI) as defined by HIPAA	Reporting by ICD-9 principal diagnosis code categories by claimant for all health plans combined by carrier for the reporting period	By claimant	9

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A21a
Data Traceability Matrix for Carriers

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
Subsection (3)	29, 36	17	Annually school districts and their benefit providers shall jointly report to the OIC on their health insurance related efforts and achievements to:	Carriers	Carrier_Year	Text	Plan Year	Suggest using uniform checklist for carriers to identify efforts and achievements	Instructions include a uniform checklist of efforts and achievements	1	1
3.a	36	27	Significantly reduce administrative costs for school districts	Carriers	Carrier_Year	Narrative	Plan Year	Carrier efforts to help districts manage their programs	Description of carrier efforts to help districts manage their programs	1	1
3.b	37		Improve Customer Service	Carriers	Carrier_Year	Narrative	Plan Year	Carriers offering service on their plans	Description of carrier efforts and achievements to improve customer service	1	1
3.c	38		Reduce differential plan premiums rates between employee only and family health benefit premiums	Carriers	Carrier_Year	Narrative	Plan Year	Employee and family cost differentials established by carriers with districts determining the contribution differentials between employee and family coverage		1	1
3.d	39		Protect access to coverage for part-time K-12 employees	Carriers	Carrier_Year	Narrative	Plan Year	Carriers offering plans eligible for part time district employees	Description of carrier efforts to provide plans for part-time k-12 employees	1	1

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A21b
Data Traceability Matrix for Districts

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
Subsection (2)			School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance commissioner, the following information and data for the prior calendar year								
2.a	1		Progress by the district and its benefit providers toward greater affordability for full family coverage, health care cost savings, and significantly reduced administrative costs	Districts	SD_Year	Narrative	Calendar	The narrative applies to progress over the year	Describe district progress towards greater affordability for full family coverage	1	1
2.b	2		Compliance with requirement to provide a high deductible health plan option with a health savings account	Districts	SD_Year	Text	Calendar	Confirm districts are offering these plans to employees		1	1
2.c.i			An overall plan summary including the following: The financial plan structure and overall performance of each health plan, including:								
2.c.i.A	3		Total premium expenses	Districts	SD_Year	Currency	SD Year		Total premiums are the total dollars the district pays to the respective insurance companies for all health plans	1	1
		26	Description of "carve-out" supplemental services purchased separately from carriers (cost not built into premiums)	Districts	SD_Year	Narrative	Calendar		Supplemental services a district pays to carriers outside the health plan	1	1
		25	Total payments (i.e. fees) for supplemental services (disease management, wellness program, etc.) paid to carriers or other third parties	Districts	SD_Year, SD_Entity	Currency	SD Year		Total district payments to carriers for "carve-out" services not included in the health plans	1	1, 3
2.c.i.D	6		Plan administration expenses including compensation paid to brokers	Districts	SD_Year, SD_Entity	Currency	SD Year		Costs for the district to administer their health benefit plans, not including fees paid to third parties outside the health plan	1	1, 3
	From HCA memo		Description of district allocation of internal administration expenses (staff cost allocated to employee benefits);	Districts	SD_Year	Narrative	SD Year	Description of how district has computed expense which may vary by district		1	1
2.c.ii	7		A description of the plan's use of innovative health plan features designed to reduce health benefit premium growth and reduce utilization of unnecessary services including but not limited to the use of enrollee health assessments or health coach services, care management for high cost or high-risk enrollees, medical or health home payment mechanisms, and plan features designed to create incentives for improved personal health behaviors	Districts	SD_Innov	Check list	Calendar		Report innovative features that districts utilize to impact health care costs; make selection from check-list provided with data call	list	1, 2
2.c.iii			Data to provide an understanding of the employee health benefit plan coverage and costs, including:								
2.c.iii	8		The total number of employees, and, for each employee:	Districts	SD_Emp	Numeric	Snapshot	Marital status — no specific requirement		per employee	7
2.c.iii	9		The employee's full-time equivalent status	Districts	SD_Emp	Numeric	Snapshot	FTE Between 0 and 1.00		per employee	7
2.c.iii	10		Types of coverage or benefits received	Districts	SD_Emp	Narrative	Snapshot	Dental/vision plans not included		per employee	7
2.c.iii	11		Numbers of covered dependents	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot			per dependent	7, 8
2.c.iii	12		Number of eligible dependents	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot	Asking for eligible dependents but data cannot be verified		per dependent	7, 8
2.c.iii	13		The amount of the district's contribution to premium	Districts	SD_Emp	Currency	Snapshot	Retiree remittance and premiums but not included		per employee	7

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A21b
Data Traceability Matrix for Districts

ESSB 5940 Section 4	HCA Req#	CR 103 Ref	Language from Legislation	Data Source	Data Table	Data Type	Reporting Period	Sow#1 HCA Analysis and SOW#2 Carrier Feedback	Explanation / Descriptive	Number of values	DC Section
A	B	C	D	E	F	G	H	I	J	K	L
2.c.iii	14		Additional premium costs paid by employee through payroll deductions	Districts	SD_Emp	Currency	Snapshot	Request annual aggregated amount of employee contributions expended for employee health benefits		per employee	7
2.c.iii	15		The age and sex of the employee	Districts	SD_Emp	Mixed	Snapshot	Requested data		per employee	7
2.c.iii	16		The age and sex of each dependent	Districts	SD_Emp, SD_EmpDep	Mixed	Snapshot	Information not readily available; districts must survey employees to collect the information		per dependent	7, 8
	From HCA memo		Total number of employees by certificated / classified status,	Districts	SD_Emp	Numeric	Snapshot			summarized	
	From HCA memo		Employee enrollment by coverage tier	Districts	SD_Emp	Numeric	Snapshot	Computed from district census		summarized	
2.c.iv.A	17		Summary of the benefit packages offered to each group of district employees, including covered benefits (etc)	Districts	SD_CarrierPlan, SD_Group, SD_GroupPlan	Narrative	Snapshot	Cost-sharing provisions and plan summaries requested with the carrier data call		by group / plan	3, 4, 5, 6
2.c.iv.A	20		Number of employees and dependents in each benefit package	Districts	SD_Emp, SD_EmpDep	Numeric	Snapshot			by plan	7, 8
2.c.iv.B	22		Aggregated dependent demographic information, including age band and gender, by insurance tier and benefit package	Districts	SD_Emp, SD_EmpDep	Mixed	Snapshot	District census is captured, but demographic reporting will use carrier files		by dependent	7, 8
Subsection (3)	36		Annually school districts and their benefit providers shall jointly report to the OIC on their health insurance related efforts and achievements to:					Instructions include a uniform checklist of efforts and achievements			
3(a)	36		Significantly reduce administrative costs for school districts	Districts	SD_Year	Narrative	Calendar	Requested data		1	1
3(b)	37		Improve customer service	Districts	SD_Year	Narrative	Calendar	Requested data		1	1
3(c)	38		Reduce differential plan premiums rates between employee only and family health benefit coverage	Districts	SD_Year	Narrative	Calendar	Districts responsibility to establish single and family contributions		1	1
3(d)	39		Protect access to coverage for part-time K-12 employees	Districts	SD_Year	Narrative	Calendar	Employer contribution for part-time employees based on pro-ratio schedule by district or local bargaining unit as applicable.		1	1

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A21c
Column Definitions for the Data Traceability Matrices

Columns from Requirements document	
A	ESSB 5940 section of bill language; otherwise CR103P rule-making order requirement
B	Data Requirement identified in SOW#1 memo from the Health Care Authority (HCA) (reference number from HCA Exhibit D)
C	Rule-making order CR103P language (filed 2.7.13)
D	Language from legislation or data authorized to collect for HCA, or as specified in CR103P rule-making order
E	Data Source — Districts or Carriers
F	Data table identifier for storing data in parent table
G	Data type (for example: narrative, text, currency, mixed, lists, numeric)
H	Reporting Period (calendar year, plan year, annual reporting by month, or snapshot date selected within the reported year)
I	SOW#1 — Health Care Authority (HCA) analysis of HCA requested data elements; SOW#2 — K-12 Carrier feedback regarding data requirements
J	Explanation and Instructions requirements
K	The number of expected discrete values
L	Data Call (DC) reporting section of the data call to districts and carriers; see below for carrier reporting period instructions

Carrier Data Call (DC) Possible Groupings (Column L)	
1	Overall carrier information, annual information
2	Carrier innovation features, checklist, annual information
3	Plan reserves for plan year ending
4	Plan information and plan year summaries, by plan year
5	Benefit package annual plan-year reporting.
6	Benefit package performance by month within calendar year
7	Plan demographics, snapshot — by plan year ending
8	District-level reporting, snapshot — by plan year ending
9	Large claims by carrier across plans — by plan year ending

Washington State Office of the Insurance Commissioner
K–12 School District Data Collection Project
Exhibit A22
Report Contributors

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